

Department of Social Services MO HealthNet Division

Fiscal Year 2023 Budget Request Book 7 of 7

Jennifer Tidball, Acting Director

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Core - Nursing Facilities

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C

HB Section: 11.730

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	120,347,406	362,422,840	65,509,459	548,279,705
TRF	0	0	0	0
Total	120,347,406	362,422,840	65,509,459	548,279,705
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Uncompensated Care Fund (UCF) (0108) - \$58,516,478
Third Party Liability Collections Fund (TPL) (0120) - \$6,992,981

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities

CORE DECISION ITEM

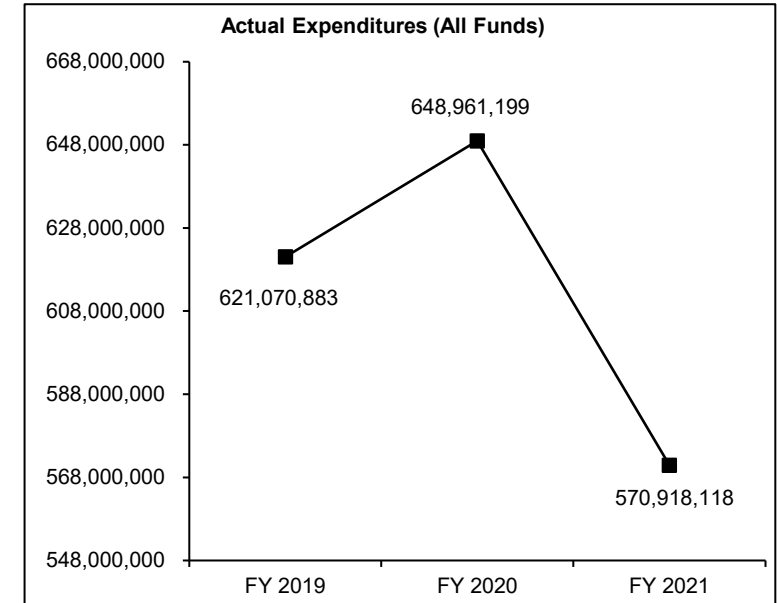
Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C

HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	621,537,768	692,791,792	591,822,786	674,488,539
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	621,537,768	692,791,792	591,822,786	674,488,539
Actual Expenditures (All Funds)	621,070,883	648,961,199	570,918,118	N/A
Unexpended (All Funds)	466,885	43,830,593	20,904,668	N/A
Unexpended, by Fund:				
General Revenue	1	3,887,018	3	N/A
Federal	466,884	39,943,574	19,769,155	N/A
Other	0	1	1,135,510	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$3,515,525 GR and \$21,000,000 Fed was used as flex to cover other program expenditures. \$1,634,345 was held in Agency Reserve in the GR fund (0101). \$1,982,426 was held in Agency Reserve in the Third Party Liability Fund (0120) due to a lack of fund balance.

(2) FY20 - \$11,000,000 GR was flexed in to cover program expenditures.

(3) FY21 - \$9,060,686 GR was flexed in to cover program expenditures. \$39,000,000 GR and \$25,751,345 Fed was used as flex to cover other program expenditures. \$90,000,000 of the DSS Federal Stimulus Fund (2355) was held in agency reserve.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITIES**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	163,775,876	445,203,204	65,509,459	674,488,539	
Total					0.00	163,775,876	445,203,204	65,509,459	674,488,539	
DEPARTMENT CORE ADJUSTMENTS										
1x Expenditures	452	8470	PD	0.00	(30,000,000)		0	0	(30,000,000)	Core reduction of one-time funding.
1x Expenditures	452	8473	PD	0.00		0	(58,261,253)	0	(58,261,253)	Core reduction of one-time funding.
Core Reduction	1188	6472	PD	0.00	(13,428,470)		0	0	(13,428,470)	Reduction due to estimated lapse.
Core Reduction	1188	6473	PD	0.00		0	(24,519,111)	0	(24,519,111)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES					0.00	(43,428,470)	(82,780,364)	0	(126,208,834)	
DEPARTMENT CORE REQUEST										
				PD	0.00	120,347,406	362,422,840	65,509,459	548,279,705	
Total					0.00	120,347,406	362,422,840	65,509,459	548,279,705	
GOVERNOR'S RECOMMENDED CORE										
				PD	0.00	120,347,406	362,422,840	65,509,459	548,279,705	
Total					0.00	120,347,406	362,422,840	65,509,459	548,279,705	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	130,230,338	0.00	163,775,876	0.00	120,347,406	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	376,313,831	0.00	445,203,204	0.00	362,422,840	0.00	0	0.00
UNCOMPENSATED CARE FUND	58,516,478	0.00	58,516,478	0.00	58,516,478	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	5,857,471	0.00	6,992,981	0.00	6,992,981	0.00	0	0.00
TOTAL - PD	570,918,118	0.00	674,488,539	0.00	548,279,705	0.00	0	0.00
TOTAL	570,918,118	0.00	674,488,539	0.00	548,279,705	0.00	0	0.00
GRAND TOTAL	\$570,918,118	0.00	\$674,488,539	0.00	\$548,279,705	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$64,751,351	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Pharmacy, Rehab and Specialty, Managed Care, and Hospital.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
CORE								
PROGRAM DISTRIBUTIONS	570,918,118	0.00	674,488,539	0.00	548,279,705	0.00	0	0.00
TOTAL - PD	570,918,118	0.00	674,488,539	0.00	548,279,705	0.00	0	0.00
GRAND TOTAL	\$570,918,118	0.00	\$674,488,539	0.00	\$548,279,705	0.00	\$0	0.00
GENERAL REVENUE	\$130,230,338	0.00	\$163,775,876	0.00	\$120,347,406	0.00		0.00
FEDERAL FUNDS	\$376,313,831	0.00	\$445,203,204	0.00	\$362,422,840	0.00		0.00
OTHER FUNDS	\$64,373,949	0.00	\$65,509,459	0.00	\$65,509,459	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

1a. What strategic priority does this program address?

Ensure adequate supply of nursing facilities for MO HealthNet participants

1b. What does this program do?

This program provides reimbursement to nursing facilities for the care of MO HealthNet participants. Providers are reimbursed for MO HealthNet participants based on the participants' days of care multiplied by the facility's Title XIX per diem rate less any patient surplus (i.e., funds contributed by the participant). A per diem rate is established for each nursing facility by the Institutional Reimbursement Unit (IRU) of the MO HealthNet Division (MHD) utilizing a prospective reimbursement system. A prospective rate is established on a particular cost report year and is adjusted in subsequent years for global per diem rate adjustments granted to the industry as a whole. Rates may be recalculated on a more recent cost report year, which is referred to as rebasing. Rates were last rebased in SFY 2005 using 2001 cost reports trended to 2005, with global per diem rate adjustments granted in subsequent years. The per diem rate is paid from both the Nursing Facility budget section and the Nursing Facility Reimbursement Allowance (NFRA) budget section.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

Rate History

Rate adjustments are funded with General Revenue (GR), General Revenue Equivalents (GRE), and NFRA.

The following are the most recent GR/GRE funded rate adjustments from the Nursing Facility (NF) budget section and the NFRA funded adjustments from the NFRA budget section:

SFY	Weighted Avg.	Adjustment	Source
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2022	\$173.16	\$10.18	GR from NF Approp (Effective 7/1/21-6/30/22 - The SFY 22 rate increase is a one-time increase for costs associated with the COVID-19 public health emergency. This rate adjustment corresponds to the appropriation granted in the SFY 22 budget approved by the Governor.
2021	\$162.98	(\$0.12)	GR from NF Approp (Effective 7/1/20 - The SFY 20 rate increase of \$1.61 was reduced to \$1.49 in SFY 21 because the appropriation will be expended over 12 months rather than 11 months as was done in SFY 20.)
2020	\$163.10	\$1.61	GR from NF Approp (Effective 8/1/19-6/30/20 - The increase in the SFY 20 nursing facility appropriation was expended over 11 months during SFY 20 because the per diem increase was not effective until 8/1/19.)
	\$161.49	(\$0.75)	GR from NF Approp (Effective 7/1/19 - The SFY 19 supplemental increase of \$1.29 was reduced to \$0.54 for SFY 20 because the appropriation will be expended over 12 months rather than 5 months as was done in SFY 19.)
2019	\$162.24	\$9.12	GR from NF Approp

Hospice Room and Board

Increases/Decreases to nursing facility and HIV nursing facility per diem rates also impact the hospice program. Hospice providers that furnish services to MO HealthNet participants residing in a nursing facility will be reimbursed 95% of the nursing facility's per diem rate for room and board, pursuant to 13 CSR 70-50.010 and 1902(a)(13) of the Social Security Act.

PROGRAM DESCRIPTION

Department: Social Services

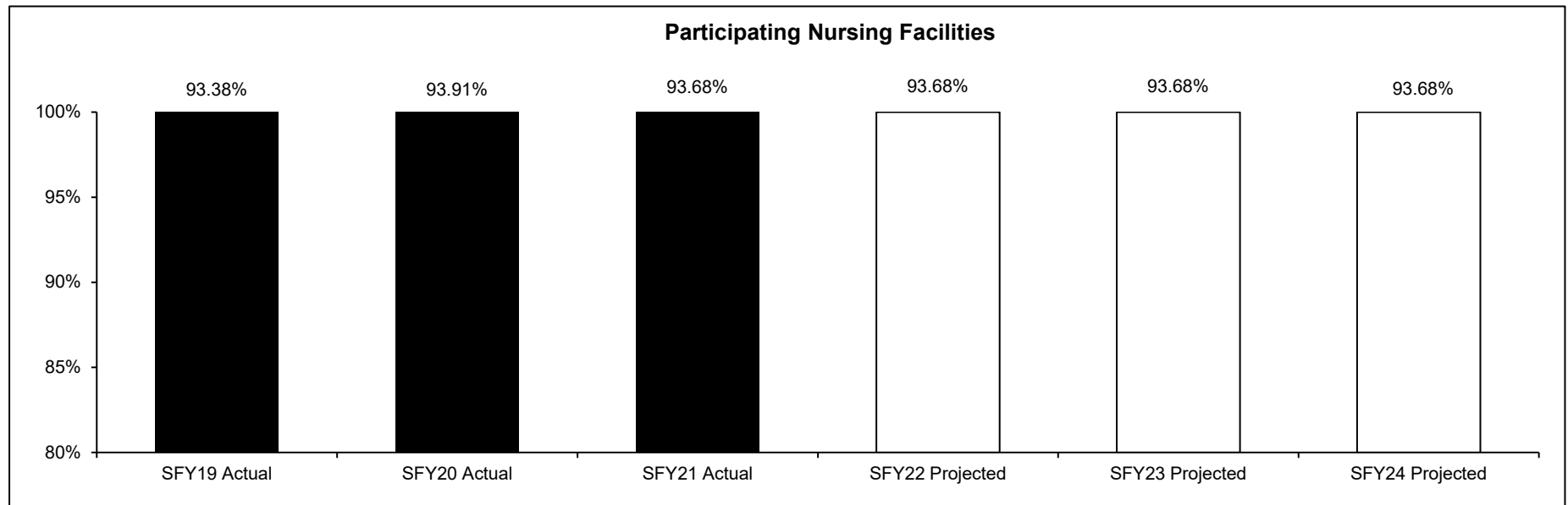
HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2a. Provide an activity measure(s) for the program.

During SFY 21 (as of March 2021), 504 facilities were enrolled in the MO HealthNet program, representing a 93.68% participation rate and ensuring access to quality nursing facility services for MO HealthNet participants.



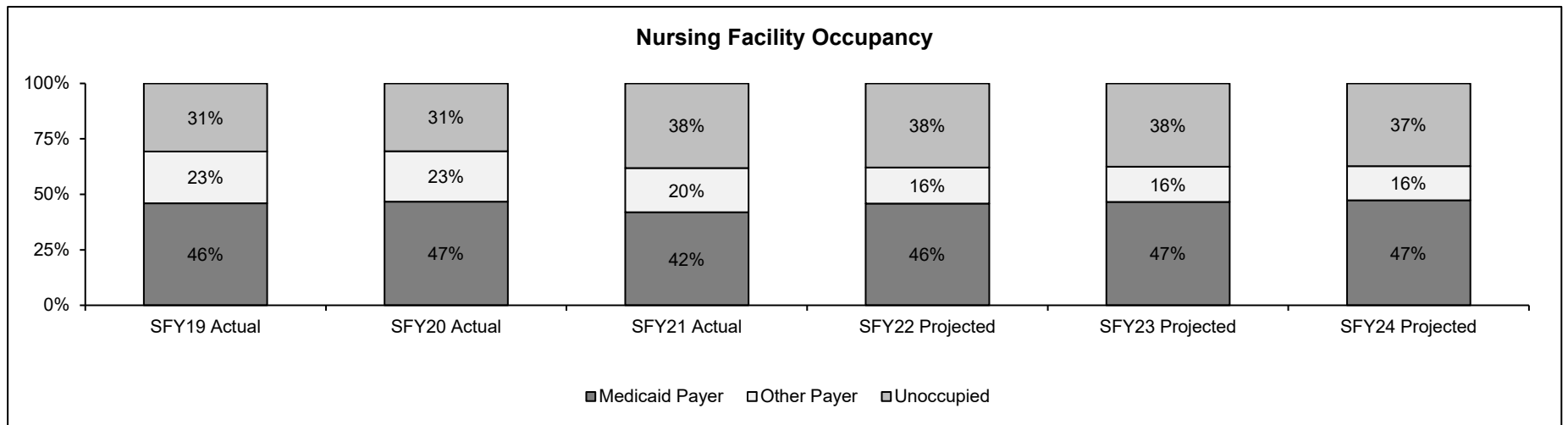
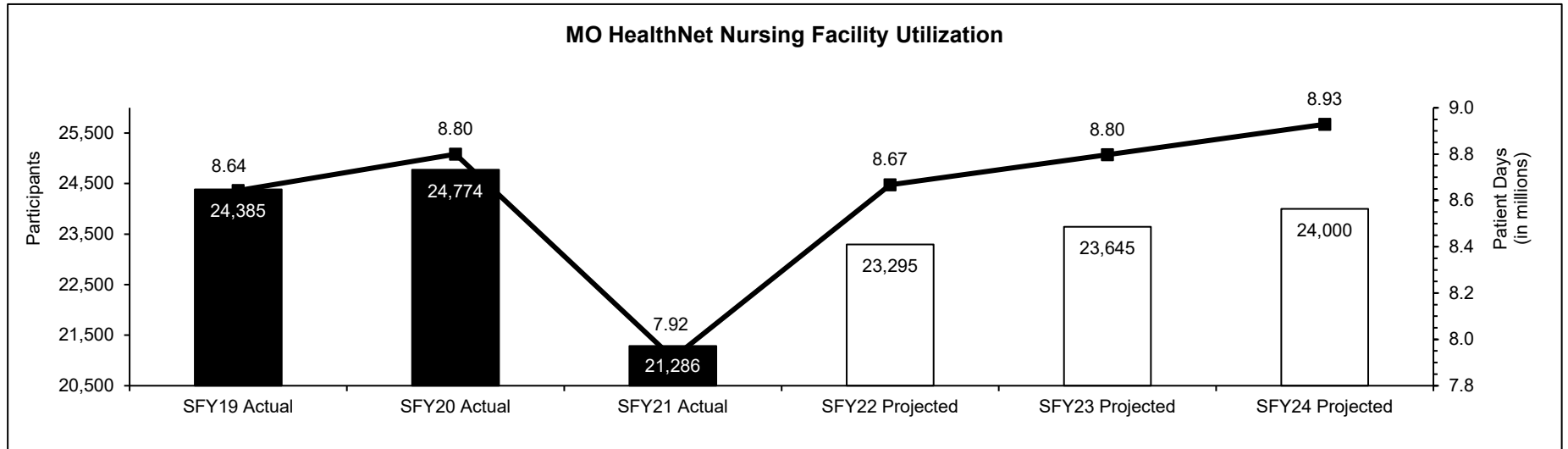
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility



Based on information provided through the Certificate of Need Survey Summary

PROGRAM DESCRIPTION

Department: Social Services

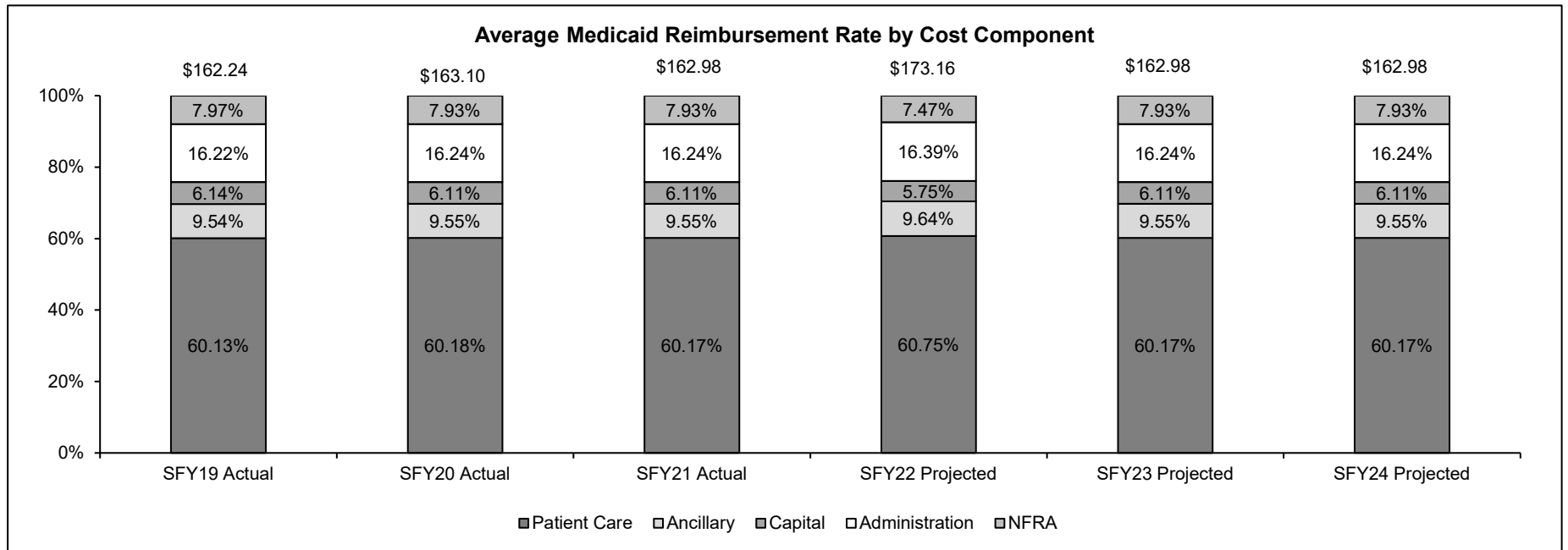
HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2b. Provide a measure(s) of the program's quality.

The nursing facility reimbursement methodology targets and encourages quality patient care. In the past three state fiscal years, nearly 70% of the average Medicaid reimbursement rate is related to patient care, with 60% being direct patient care services and more than 9% being ancillary services which includes therapies, dietary, housekeeping, etc.



*Beginning rates used to calculate average reimbursement in previous years data was updated for consistency.

PROGRAM DESCRIPTION

Department: Social Services

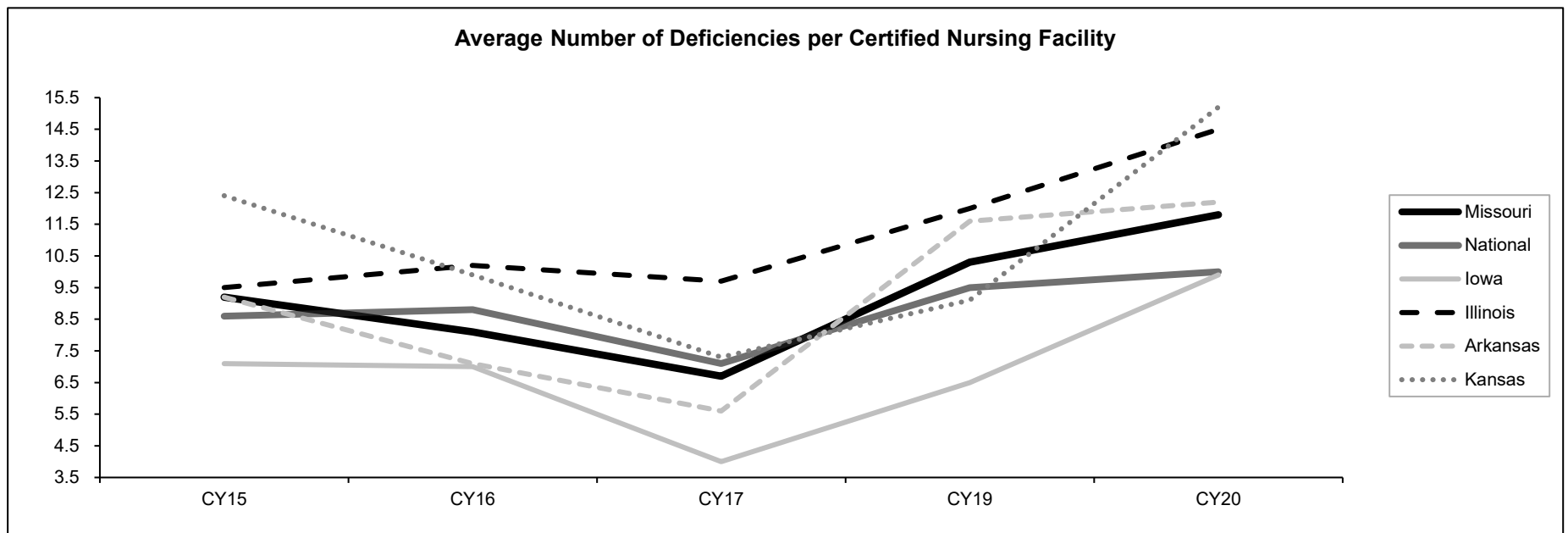
Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

HB Section(s): 11.730

2c. Provide a measure(s) of the program's impact.

Certified nursing facilities are subject to inspections by the Department of Health and Senior Services to ensure compliance with regulations and are cited for deficiencies. Surveyors assess both the process and the outcomes of nursing facility care for 175 different requirements across 8 areas.



CY20 is the latest data available; CY18 data is not available.

PROGRAM DESCRIPTION

Department: Social Services

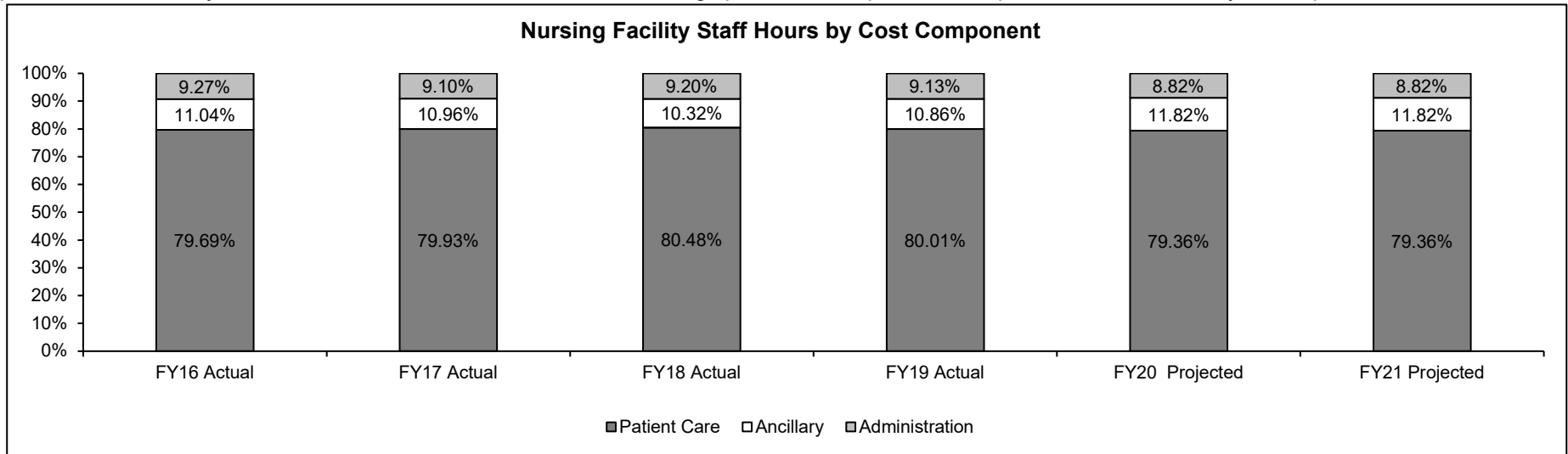
HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2d. Provide a measure(s) of the program's efficiency.

The reimbursement under this program targets and encourages quality patient care through its reimbursement. The focus of the reimbursement on direct patient care is directly reflected here with over 79% of staff hours being spent on direct patient care, per the data from facility cost reports.



*FY2019 is the latest full year of cost reports completed, future years will be updated as information is available.

**Beginning rates used to calculate average reimbursement in previous years data was updated for consistency.

Missouri's per diem rate is comparable to surrounding states. Surrounding state rates have been converted to an annual average figure, from quarterly or semiannual figures, for comparison purposes.

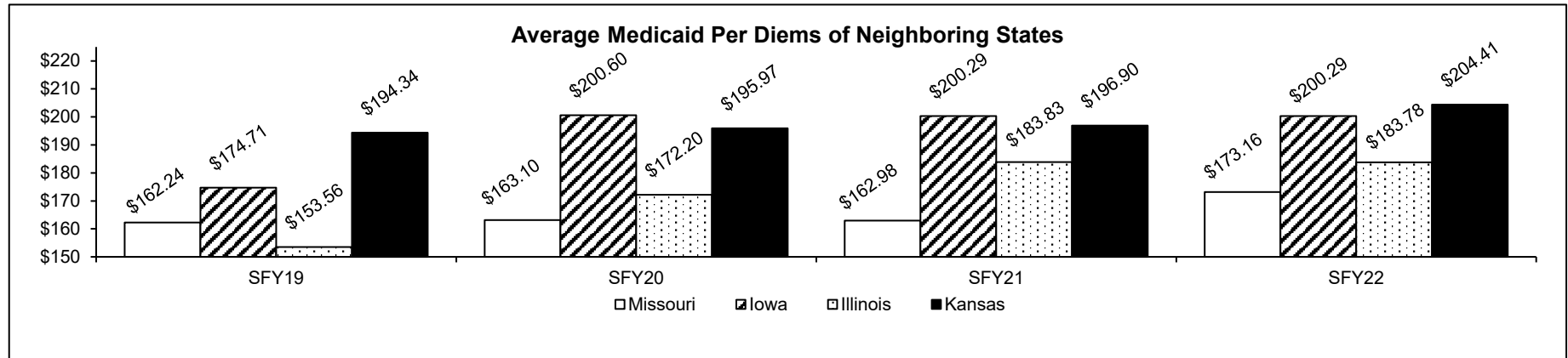
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

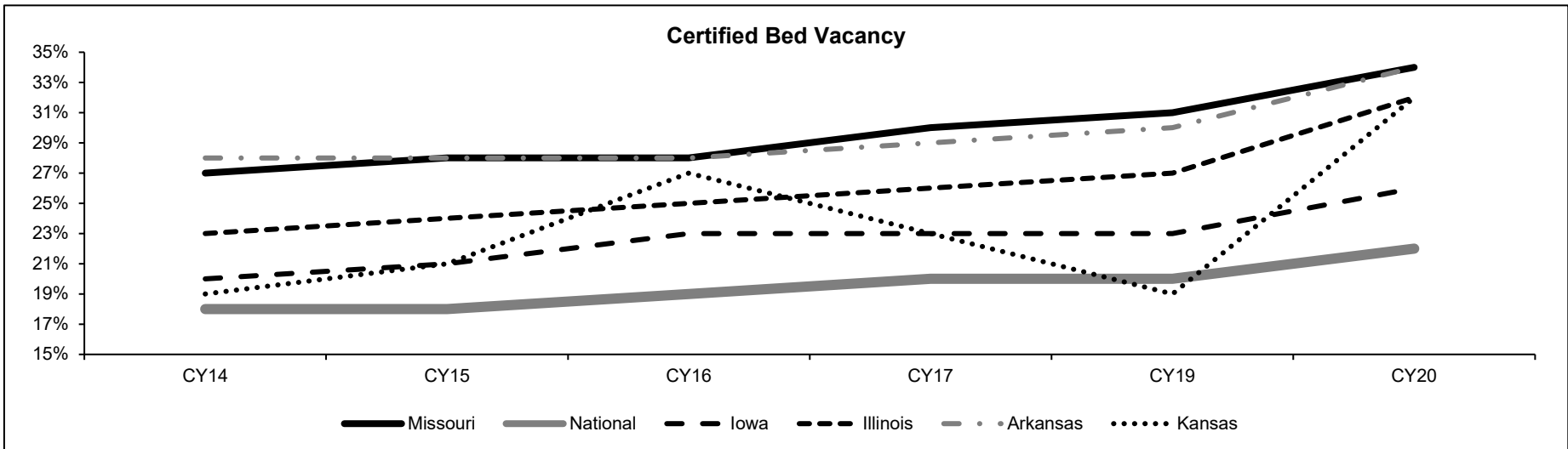
Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility



*Beginning rates used to calculate average reimbursement in previous years data was updated for consistency.

Missouri has enrolled a sufficient number of providers to ensure access to care for nursing facility services; compared to surrounding states, there are a greater percent of vacant beds in Missouri than nationally, and is generally higher than surrounding states.



CY20 is the latest data available; CY18 data is not available.

PROGRAM DESCRIPTION

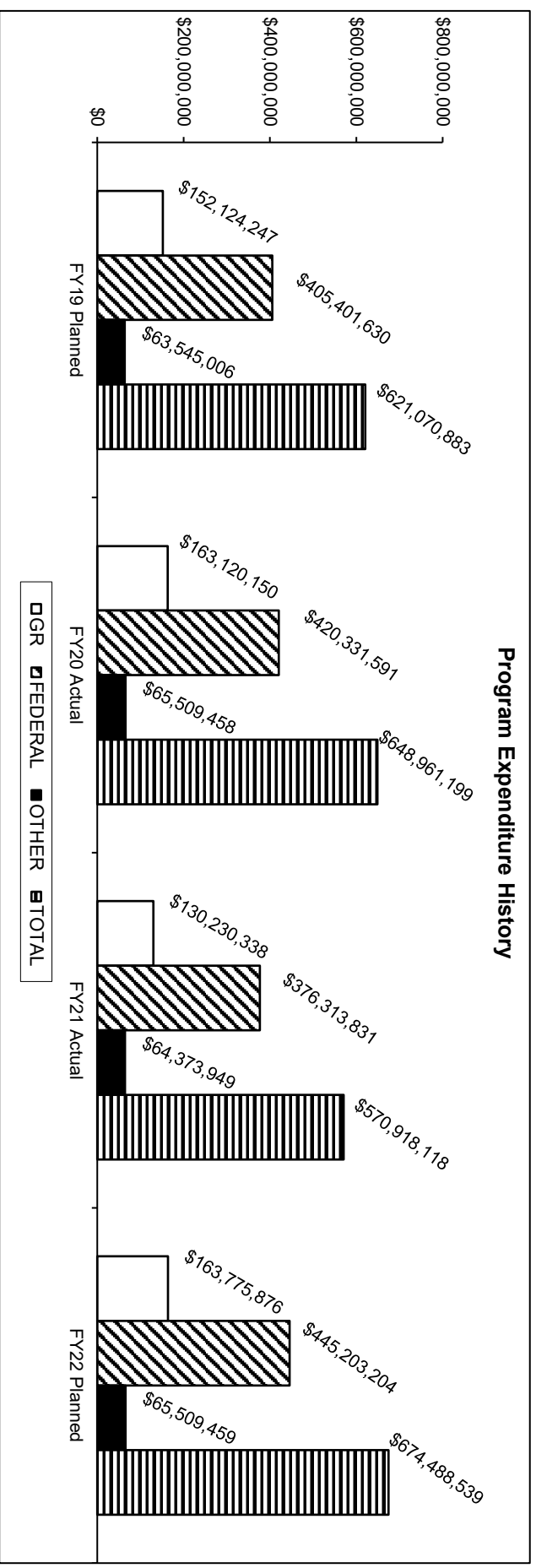
Department: Social Services

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

HB Section(s): 11.730

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Uncompensated Care Fund (0108), Third Party Liability Collections Fund (0120)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Law: Social Security Act Section 1905(a)(4), Federal Reg: 42 CFR 440.40 and 440.210, State Statute: Sections 208.152, 208.153, 208.159, and 208.201, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, 42 CFR 440.40 and 440.210 mandate this program for participants over age 21.

Core - Home Health

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C

HB Section: 11.730

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request					FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	1,215,439	2,670,394	159,305	4,045,138	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	1,215,439	2,670,394	159,305	4,045,138	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiatives Fund (HIF) (0275) - \$159,305

Other Funds:

2. CORE DESCRIPTION

This item funds payments for services provided through the Home Health program for the fee-for-service MO HealthNet population. This program is designed to help MO HealthNet participants remain in their home instead of seeking institutional care through the provision of clinical (or "skilled") medical services. Home Health services are also available through the MO HealthNet Managed Care health plans (*see program description in the Managed Care tab for more information*).

3. PROGRAM LISTING (list programs included in this core funding)

Home Health Services

CORE DECISION ITEM

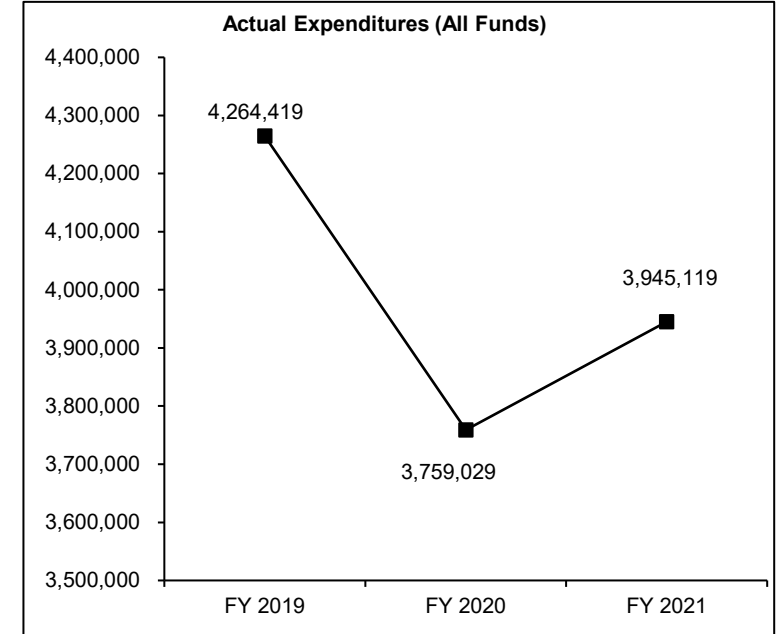
Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C

HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	4,919,557	5,358,047	4,325,837	7,042,757
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	4,919,557	5,358,047	4,325,837	7,042,757
Actual Expenditures (All Funds)	4,264,419	3,759,029	3,945,119	N/A
Unexpended (All Funds)	655,138	1,599,018	380,718	N/A
Unexpended, by Fund:				
General Revenue	0	565,713	45,634	N/A
Federal	655,138	1,033,305	269,254	N/A
Other	0	0	65,830	N/A
	(1)			(2)



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - Reduction due to estimated lapse. \$364,304 GR was used as flex to cover other program expenditures.

(2) FY22 - NDI funded for Home Health Pilot Program for \$2,901,385.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES HOME HEALTH

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	1,248,347	5,635,105	159,305	7,042,757	
			Total	0.00	1,248,347	5,635,105	159,305	7,042,757	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1189	1798	PD	0.00	0	(63,326)	0	(63,326)	Reduction due to estimated lapse.
Core Reduction	1189	1797	PD	0.00	(32,908)	0	0	(32,908)	Reduction due to estimated lapse.
Core Reduction	1273	8475	PD	0.00	0	(2,901,385)	0	(2,901,385)	Reduction due to excess authority.
NET DEPARTMENT CHANGES				0.00	(32,908)	(2,964,711)	0	(2,997,619)	
DEPARTMENT CORE REQUEST									
			PD	0.00	1,215,439	2,670,394	159,305	4,045,138	
			Total	0.00	1,215,439	2,670,394	159,305	4,045,138	
GOVERNOR'S RECOMMENDED CORE									
			PD	0.00	1,215,439	2,670,394	159,305	4,045,138	
			Total	0.00	1,215,439	2,670,394	159,305	4,045,138	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	1,274,917	0.00	1,248,347	0.00	1,215,439	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	2,576,727	0.00	2,733,720	0.00	2,670,394	0.00	0	0.00
SEMA FEDERAL STIMULUS	0	0.00	2,901,385	0.00	0	0.00	0	0.00
HEALTH INITIATIVES	93,475	0.00	159,305	0.00	159,305	0.00	0	0.00
TOTAL - PD	3,945,119	0.00	7,042,757	0.00	4,045,138	0.00	0	0.00
TOTAL	3,945,119	0.00	7,042,757	0.00	4,045,138	0.00	0	0.00
GRAND TOTAL	\$3,945,119	0.00	\$7,042,757	0.00	\$4,045,138	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
CORE								
PROGRAM DISTRIBUTIONS	3,945,119	0.00	7,042,757	0.00	4,045,138	0.00	0	0.00
TOTAL - PD	3,945,119	0.00	7,042,757	0.00	4,045,138	0.00	0	0.00
GRAND TOTAL	\$3,945,119	0.00	\$7,042,757	0.00	\$4,045,138	0.00	\$0	0.00
GENERAL REVENUE	\$1,274,917	0.00	\$1,248,347	0.00	\$1,215,439	0.00		0.00
FEDERAL FUNDS	\$2,576,727	0.00	\$5,635,105	0.00	\$2,670,394	0.00		0.00
OTHER FUNDS	\$93,475	0.00	\$159,305	0.00	\$159,305	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Home Health

Program is found in the following core budget(s): Home Health

1a. What strategic priority does this program address?

Access to in-home services and reduce cost of care.

1b. What does this program do?

Home health services are medically-oriented treatment or intermittent supervision for individuals with an acute illness which can be therapeutically managed at home. Home health care follows a written plan of treatment reviewed every 60 days by an authorized ordering practitioner. Home health services include skilled nursing, home health aide, medical supplies, and physical, occupational and speech therapies. Only participants who are eligible under aid categories for children, pregnant women, or blind individuals are eligible for physical, occupational and speech therapies provided through home health. Therapy is limited and must be reasonable and necessary for restoration to an optimal level of functioning following an injury or illness.

Rate History

7/1/19: ~1.5% rate increase to a cap rate of \$79.49.

7/1/18: ~1.5% rate increase to a cap rate of \$78.32.

7/1/17: 3% rate decrease to a cap rate of \$77.16.

7/1/16: ~2% rate increase to a cap rate of \$79.47

1/1/16: 1% rate increase funded with Tax Amnesty Fund to a cap rate of \$77.90

PROGRAM DESCRIPTION

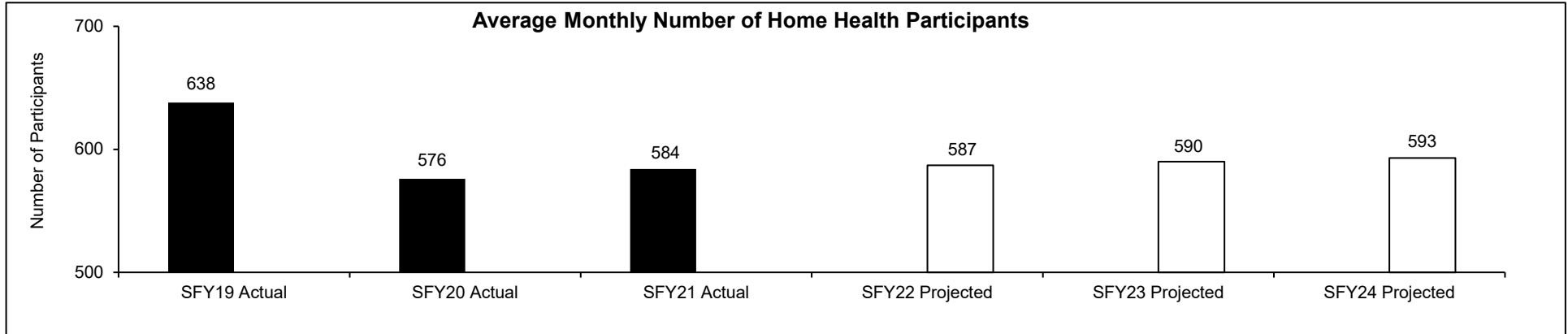
Department: Social Services

HB Section(s): 11.730

Program Name: Home Health

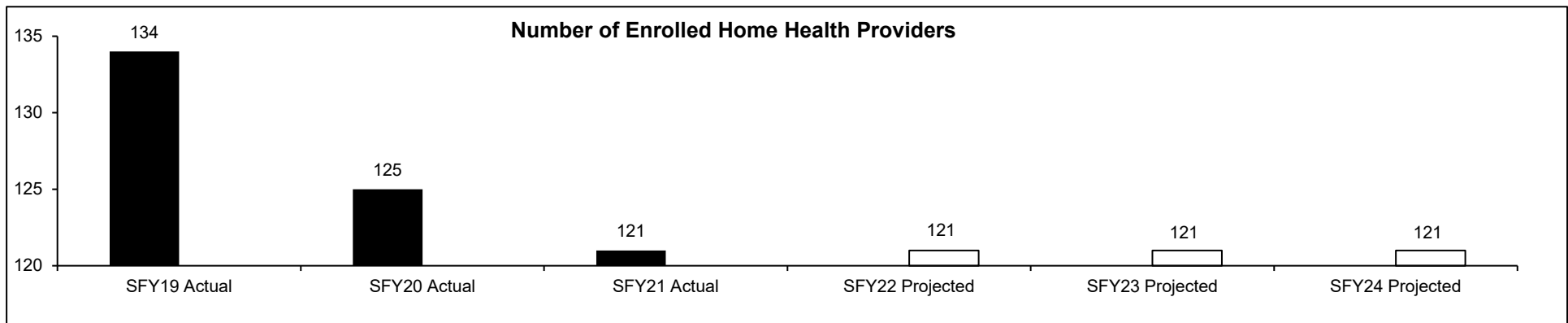
Program is found in the following core budget(s): Home Health

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.

The number of enrolled providers is correlated to participant access to services, choices participants have in their service providers, and healthcare options. If the fee schedule is reasonable to the provider, policies and forms are clear and easy to understand, and supports are in place for providers, that may influence providers' decisions to enroll or to continue as a MHD provider. The trend since SFY19 shows a decrease in enrolled providers; however the goal is not to reduce provider enrollment, as that would also reduce participant access to home health services.



PROGRAM DESCRIPTION

Department: Social Services

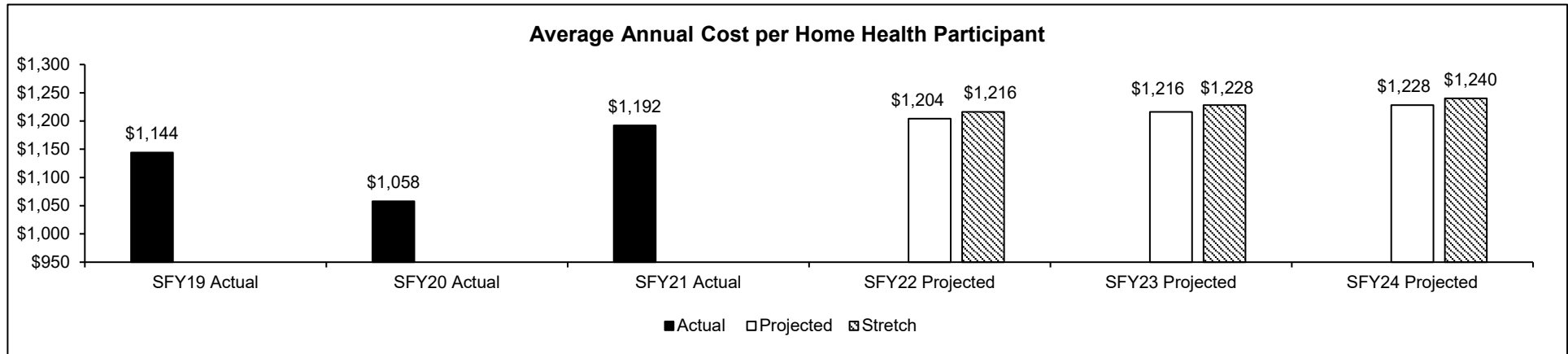
HB Section(s): 11.730

Program Name: Home Health

Program is found in the following core budget(s): Home Health

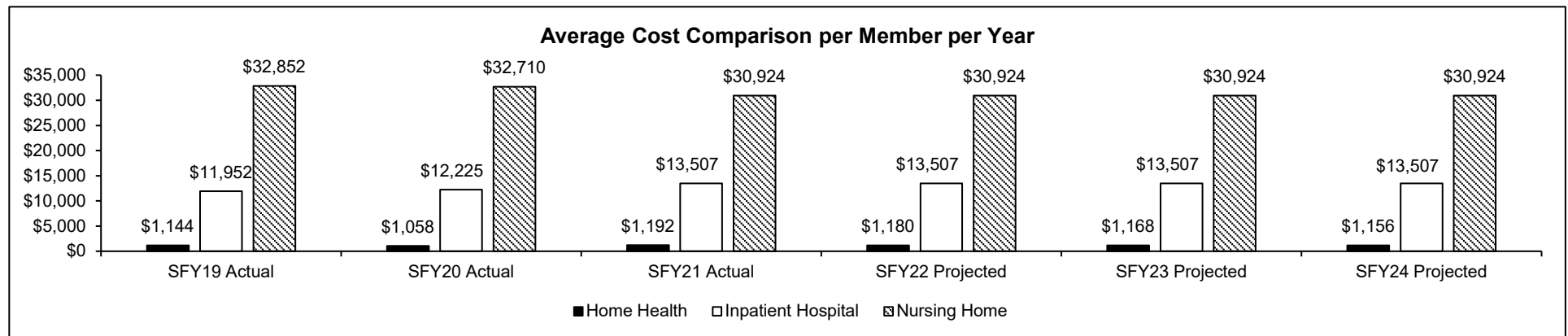
2c. Provide a measure(s) of the program's impact.

Based on program activity and participants served, the graph below shows that, in SFY21, the program's average cost was \$1,192 per participant.



2d. Provide a measure(s) of the program's efficiency.

If a participant is able to manage acute illness successfully in the home with Home Health services, the cost of Inpatient Hospital and/or Nursing Home services will be averted.



PROGRAM DESCRIPTION

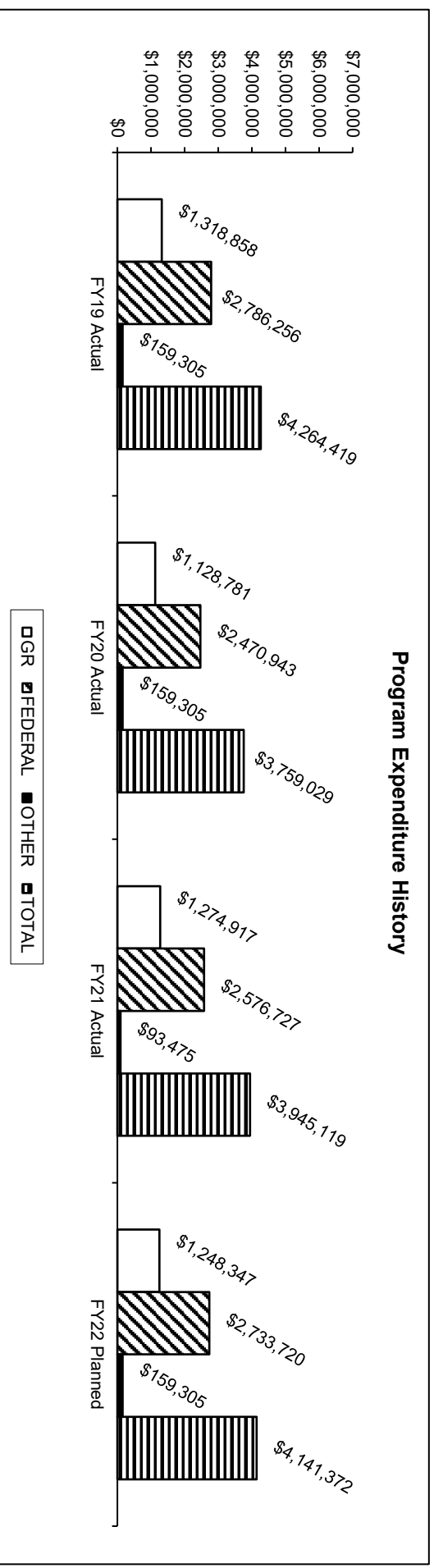
Department: Social Services

Program Name: Home Health

Program is found in the following core budget(s): Home Health

HB Section(s): 11.730

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2022 expenditures are net of reserves.

4. What are the sources of the "Other" funds?

Health Initiatives Fund (0275)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152 RSMo.

Federal Regulations: 42 CFR 440.70 and 440.210.

Social Security Act Sections: 1905(a)(7).

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Home Health is a mandatory Medicaid program.

Core - Nursing Facility Reimbursement Allowance (NFRA)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C
HB Section: 11.735

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	364,882,362	364,882,362
TRF	0	0	0	0
Total	0	0	364,882,362	364,882,362
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
 Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$364,882,362

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core request is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants. This item funds the portion of the per diem rate paid to nursing facilities that is funded through the Nursing Facility Reimbursement Allowance (NFRA). Funds from this core are used to provide enhanced payment rates for improving the quality of patient care using the NFRA under Title XIX of the Social Security Act as a General Revenue equivalent.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities Reimbursement Allowance (NFRA) Program

CORE DECISION ITEM

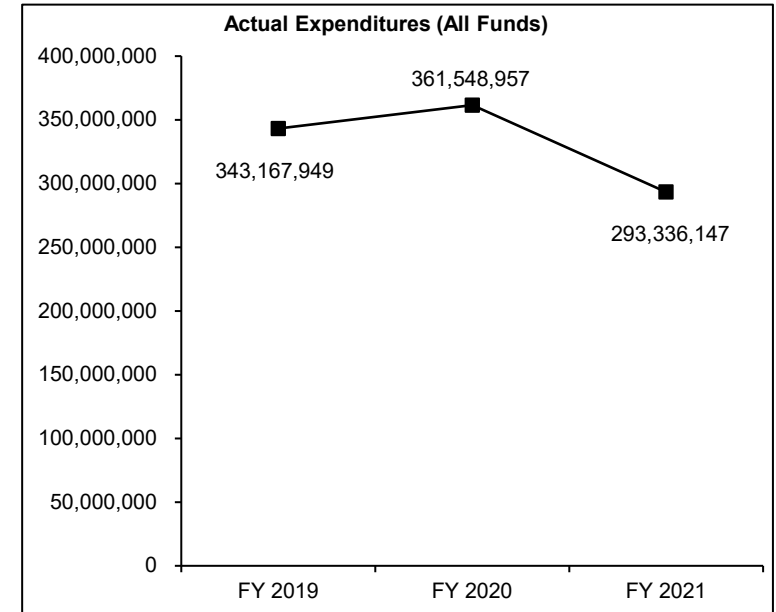
Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C

HB Section: 11.735

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	351,448,765	431,830,023	364,882,362	364,882,362
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	351,448,765	431,830,023	364,882,362	364,882,362
Actual Expenditures (All Funds)	343,167,949	361,548,957	293,336,147	N/A
Unexpended (All Funds)	8,280,816	70,281,066	71,546,215	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	8,280,816	70,281,066	71,546,215	N/A



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY FED REIMB AL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	0	0	364,882,362	364,882,362	
	Total	0.00	0	0	364,882,362	364,882,362	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	0	0	364,882,362	364,882,362	
	Total	0.00	0	0	364,882,362	364,882,362	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	0	364,882,362	364,882,362	
	Total	0.00	0	0	364,882,362	364,882,362	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM-SPECIFIC								
NURSING FACILITY FED REIM ALLW	293,336,147	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
TOTAL - PD	293,336,147	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
TOTAL	293,336,147	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
GRAND TOTAL	\$293,336,147	0.00	\$364,882,362	0.00	\$364,882,362	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM DISTRIBUTIONS	293,336,147	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
TOTAL - PD	293,336,147	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
GRAND TOTAL	\$293,336,147	0.00	\$364,882,362	0.00	\$364,882,362	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$293,336,147	0.00	\$364,882,362	0.00	\$364,882,362	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.735

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

1a. What strategic priority does this program address?

Enhanced reimbursement to nursing facilities caring for MO HealthNet participants

1b. What does this program do?

The Nursing Facility Reimbursement Allowance (NFRA) program assesses nursing facilities a fee for the privilege of doing business in the state of Missouri. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the nursing facilities and the federal earnings fund is used to provide enhanced payment rates for the nursing facility program. The NFRA program was implemented in SFY 1995 as part of a total restructuring of reimbursement for nursing facilities and is used to provide enhanced reimbursement rates that target quality patient care. *For additional details on the nursing facility reimbursement methodology, see the program description in the Nursing Facilities tab.*

The NFRA program has been reauthorized through September 30, 2024.

The NFRA is assessed to all nursing facilities on a per patient day basis (i.e., the number of days that licensed nursing facility beds are occupied by patients). The current NFRA rate per day is multiplied by the annualized level of patient days to determine the annual assessment owed by a nursing facility which MHD collects on a monthly basis throughout the year. MHD recalculates the assessment at the beginning of each state fiscal year using updated patient days and an updated NFRA rate, if applicable. The patient days are updated each state fiscal year using the Quarterly Certification of Need (CON) Survey from the Department of Health and Senior Services.

SFY	Assessment Rate
2019-2022	\$12.93
2016-2018	\$13.40
2013-2015	\$12.11
2012	\$11.70
2011	\$9.27
2010	\$9.07

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

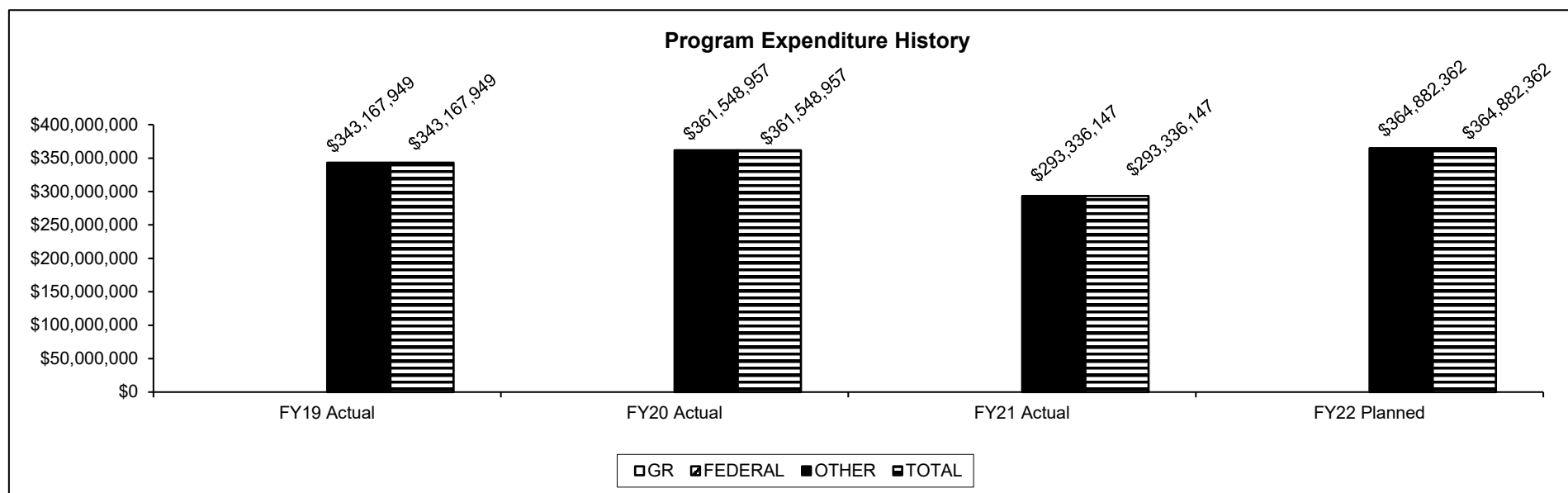
Department: Social Services

HB Section(s): 11.735

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Nursing Facility Reimbursement Allowance Fund (0196)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Law: Social Security Act, Section 1903(w). Federal Reg: 42 CFR 443 433, Subpart B. State Statute: Section 198.401, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Long Term Support Payment

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C
HB Section: 11.740

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	7,182,390	3,768,378	10,950,768
TRF	0	0	0	0
Total	0	7,182,390	3,768,378	10,950,768
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Long Term Support UPL (0724) - \$3,768,378

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This program provides a supplemental payment to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit.

3. PROGRAM LISTING (list programs included in this core funding)

Long Term Support Payments

CORE DECISION ITEM

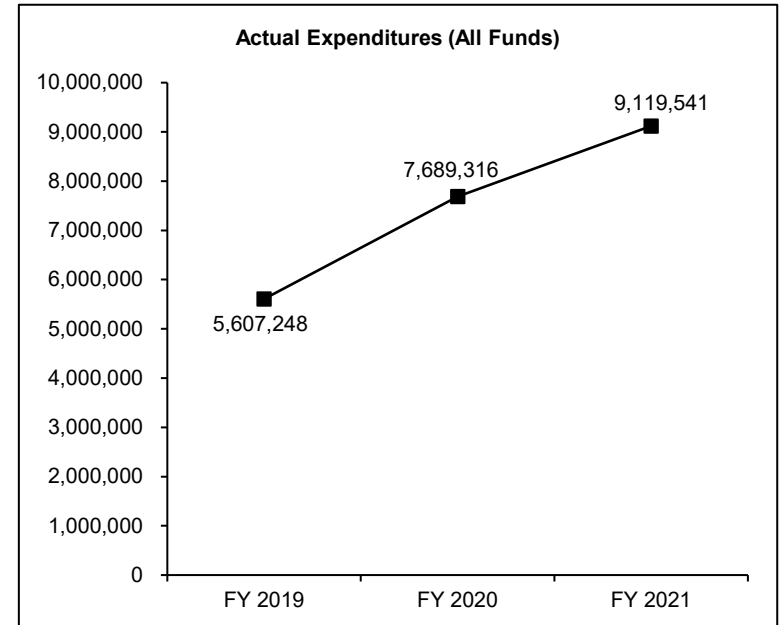
Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.740

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Actual Expenditures (All Funds)	5,607,248	7,689,316	9,119,541	N/A
Unexpended (All Funds)	5,343,520	3,261,452	1,831,227	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	3,517,386	2,179,464	1,195,411	N/A
Other	1,826,134	1,081,988	635,816	N/A



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
LONG TERM SUPPORT PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
LONG TERM SUPPORT PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	5,986,979	0.00	7,182,390	0.00	7,182,390	0.00	0	0.00
LONG-TERM SUPPORT UPL	3,132,562	0.00	3,768,378	0.00	3,768,378	0.00	0	0.00
TOTAL - PD	9,119,541	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
TOTAL	9,119,541	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
GRAND TOTAL	\$9,119,541	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
LONG TERM SUPPORT PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	9,119,541	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
TOTAL - PD	9,119,541	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
GRAND TOTAL	\$9,119,541	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$5,986,979	0.00	\$7,182,390	0.00	\$7,182,390	0.00		0.00
OTHER FUNDS	\$3,132,562	0.00	\$3,768,378	0.00	\$3,768,378	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.740

Program Name: Long Term Support Payments

Program is found in the following core budget(s): Long Term Support Payments

1a. What strategic priority does this program address?

Provide additional reimbursement to qualifying public nursing facilities

1b. What does this program do?

This program provides additional reimbursement to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit (UPL). State Medicaid programs cannot pay nursing facilities more than what Medicare would have paid (i.e., Medicare UPL) in the aggregate for the different ownership/operating categories of nursing facilities (i.e., state government, non-state government and private).

Annual payments are made to the following qualifying public nursing facilities through an approved state plan amendment:

- Truman Medical Center - Lakewood
- Pemiscot Memorial Hospital

An intergovernmental transfer (IGT) process is used to fund the non-federal share of the payment. The qualifying facilities use the IGT process to transfer the non-federal share of payments to the state prior to the state making the payments. The state pays out the total claimable amount, including both the state and federal share. The state demonstrates that the non-federal share of the payments is transferred to, and is under the administrative control of, the MO HealthNet Division before the total computable payment is made to the qualifying public nursing facilities.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

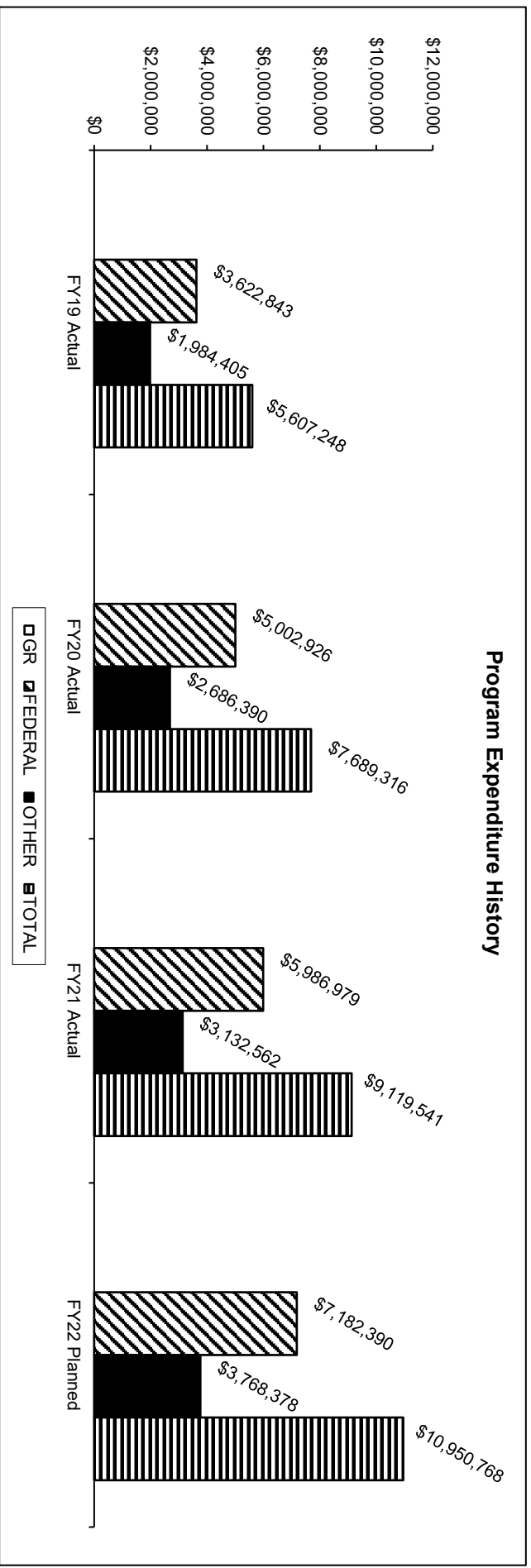
Department: Social Services

Program Name: Long Term Support Payments

Program is found in the following core budget(s): Long Term Support Payments

HB Section(s): 11.740

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Long Term Support UPL Fund (0724)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Reg: 42 CFR 447.272. State Statute: Section 208.201, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Rehab & Specialty Services

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C, 90579C

HB Section: 11.745

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	52,199,190	137,935,580	27,075,641	217,210,411
TRF	0	0	0	0
Total	52,199,190	137,935,580	27,075,641	217,210,411
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Health Initiatives Fund (HIF) (0275) - \$194,881
Nursing Facility Reimbursement Allowance (NFRA) (0196) - \$1,414,043
Ambulance Service Reimbursement Allowance (0958) - \$25,466,717

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds rehabilitation and specialty services for the fee-for-service MO HealthNet population. The services funded from this core include: audiology/hearing aid; optical; durable medical equipment (DME); ambulance; physical therapy, occupational therapy, speech therapy, and adaptive training for prosthetic/orthotic devices performed in a rehabilitation center; hospice; comprehensive day rehabilitation for individuals with traumatic brain injuries; and children's residential treatment. Rehabilitation and specialty services are also available through the MO HealthNet Managed Care health plans (*see program description in the Managed Care tab for more information*).

3. PROGRAM LISTING (list programs included in this core funding)

Rehabilitation and Specialty Services
Treat No Transport

CORE DECISION ITEM

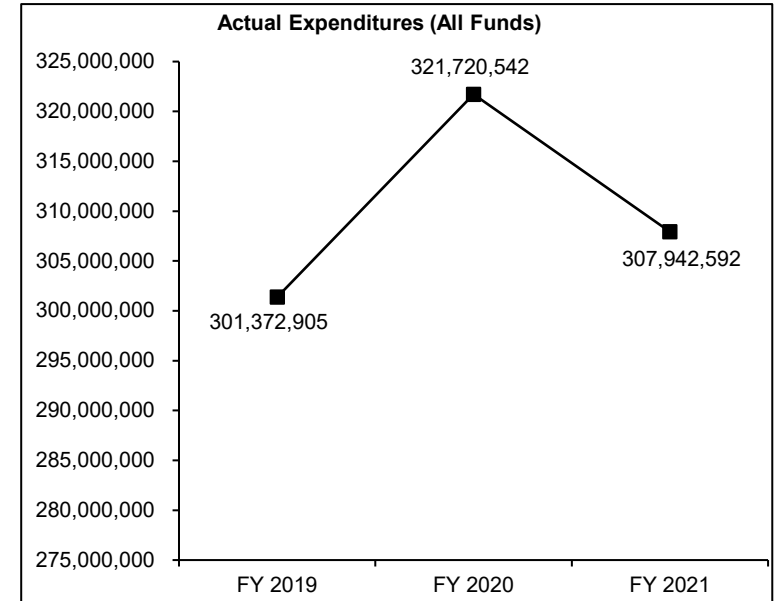
Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C, 90579C

HB Section: 11.745

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	319,971,920	331,085,640	319,724,419	322,114,586
Less Reverted (All Funds)	(14,606)	(14,442)	(14,900)	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	319,957,314	331,071,198	319,709,519	322,114,586
Actual Expenditures (All Funds)	301,372,905	321,720,542	307,942,592	N/A
Unexpended (All Funds)	18,584,409	9,350,656	11,766,927	N/A
Unexpended, by Fund:				
General Revenue	510,126	1,871,837	2,222,042	N/A
Federal	12,518,513	1,526,912	2,593,720	N/A
Other	5,555,770	5,951,908	6,951,165	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$1,453,382 GR was flexed in to cover program expenditures. Lapse of \$472,244 GR in TNT program due to approval of the State Plan Amendment (SPA) not being approved by CMS during FY19.

(2) FY20 - \$11,600,000 GR and \$2,800,000 Fed was flexed in to cover program expenditures. \$125,000 AFRA (0958) was used as flex to cover other program expenditures. Lapse of \$466,951 GR in TNT program due to timing of the State Plan Amendment being approved by CMS.

(3) FY21 - \$9,900,000 GR was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES REHAB AND SPECIALTY SERVICES

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	77,900,385	215,714,085	27,075,641	320,690,111	
			Total	0.00	77,900,385	215,714,085	27,075,641	320,690,111	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1190 8205	PD		0.00	0	(15,079,526)	0	(15,079,526)	Reduction due to estimated lapse.
Core Reduction	1275 8481	PD		0.00	0	(5,000,000)	0	(5,000,000)	Reduction of excess authority.
Core Reallocation	1113 8205	PD		0.00	0	1,595,244	0	1,595,244	Reallocations to align the budget with projected expenditures.
Core Reallocation	1113 8204	PD		0.00	4,830,704	0	0	4,830,704	Reallocations to align the budget with projected expenditures.
Core Reallocation	1276 8205	PD		0.00	0	940,296	0	940,296	Reallocation from Treat No Transport.
Core Reallocation	1276 8204	PD		0.00	484,179	0	0	484,179	Reallocation from Treat No Transport.
Core Reallocation	1277 8204	PD		0.00	(31,016,078)	0	0	(31,016,078)	Reallocating to Managed Care for Behavioral Health Carve-In.
Core Reallocation	1277 8205	PD		0.00	0	(60,234,519)	0	(60,234,519)	Reallocating to Managed Care for Behavioral Health Carve-In.
NET DEPARTMENT CHANGES				0.00	(25,701,195)	(77,778,505)	0	(103,479,700)	
DEPARTMENT CORE REQUEST									
			PD	0.00	52,199,190	137,935,580	27,075,641	217,210,411	
			Total	0.00	52,199,190	137,935,580	27,075,641	217,210,411	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
REHAB AND SPECIALTY SERVICES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	52,199,190	137,935,580	27,075,641	217,210,411	
	Total	0.00	52,199,190	137,935,580	27,075,641	217,210,411	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
TREAT NO TRANSPORT**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PD	0.00	484,179	940,296	0	1,424,475	
				Total	0.00	484,179	940,296	0	1,424,475	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	1274	2093		PD	0.00	0	(940,296)	0	(940,296)	Reallocating to Rehab & Specialty core appropriations.
Core Reallocation	1274	2092		PD	0.00	(484,179)	0	0	(484,179)	Reallocating to Rehab & Specialty core appropriations.
NET DEPARTMENT CHANGES					0.00	(484,179)	(940,296)	0	(1,424,475)	
DEPARTMENT CORE REQUEST										
				PD	0.00	0	0	0	0	
				Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE										
				PD	0.00	0	0	0	0	
				Total	0.00	0	0	0	0	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	103,160,136	0.00	77,900,385	0.00	52,199,190	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	184,701,731	0.00	210,714,085	0.00	137,935,580	0.00	0	0.00
SEMA FEDERAL STIMULUS	0	0.00	5,000,000	0.00	0	0.00	0	0.00
NURSING FACILITY FED REIM ALLW	1,414,043	0.00	1,414,043	0.00	1,414,043	0.00	0	0.00
HEALTH INITIATIVES	194,881	0.00	194,881	0.00	194,881	0.00	0	0.00
AMBULANCE SERVICE REIMB ALLOW	18,471,801	0.00	25,466,717	0.00	25,466,717	0.00	0	0.00
TOTAL - PD	307,942,592	0.00	320,690,111	0.00	217,210,411	0.00	0	0.00
TOTAL	307,942,592	0.00	320,690,111	0.00	217,210,411	0.00	0	0.00
MHD CTC - 1886029								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	21,888,371	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	21,888,371	0.00	0	0.00
TOTAL	0	0.00	0	0.00	21,888,371	0.00	0	0.00
Hospice Rate Increase - 1886022								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	145,335	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	282,248	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	427,583	0.00	0	0.00
TOTAL	0	0.00	0	0.00	427,583	0.00	0	0.00
GRAND TOTAL	\$307,942,592	0.00	\$320,690,111	0.00	\$239,526,365	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
TREAT NO TRANSPORT									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	484,179	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	940,296	0.00	0	0.00	0	0.00	
TOTAL - PD	0	0.00	1,424,475	0.00	0	0.00	0	0.00	
TOTAL	0	0.00	1,424,475	0.00	0	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$1,424,475	0.00	\$0	0.00	\$0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind). In addition, 10% flex is requested between this section and HB 11.327 (Residential Treatment).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need. The MHD rehab section pays for rehab services provided by residential facilities which pass through Medicaid Payroll.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
CORE								
PROGRAM DISTRIBUTIONS	307,942,592	0.00	320,690,111	0.00	217,210,411	0.00	0	0.00
TOTAL - PD	307,942,592	0.00	320,690,111	0.00	217,210,411	0.00	0	0.00
GRAND TOTAL	\$307,942,592	0.00	\$320,690,111	0.00	\$217,210,411	0.00	\$0	0.00
GENERAL REVENUE	\$103,160,136	0.00	\$77,900,385	0.00	\$52,199,190	0.00		0.00
FEDERAL FUNDS	\$184,701,731	0.00	\$215,714,085	0.00	\$137,935,580	0.00		0.00
OTHER FUNDS	\$20,080,725	0.00	\$27,075,641	0.00	\$27,075,641	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TREAT NO TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	1,424,475	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	1,424,475	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,424,475	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$484,179	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$940,296	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

1a. What strategic priority does this program address?

Provide additional support services to MO HealthNet (MHD) participants

1b. What does this program do?

The purpose of the Rehabilitation and Specialty Services programs is to ensure that medical services are provided to MHD participants, who would otherwise not have access to such services. The MHD ensures this by reimbursing providers for rehabilitation and specialty services that are medically necessary for eligible participants.

Rehabilitation and specialty services funded from this core include the following:

- Audiology/Hearing Aid
- Optical
- Durable Medical Equipment (DME)
- Ambulance
- Physical Therapy, Occupational Therapy, Speech Therapy, and Adaptive Training for prosthetic/orthotic devices when performed in a rehabilitation center
- Hospice
- Comprehensive Day Rehabilitation for individuals with traumatic brain injuries
- Children's Residential Treatment
- Treat No Transport

Unless otherwise noted, rehabilitation and specialty services are covered only for participants who are under the age of 21, pregnant women, the blind, and nursing home facility residents (including Independent Care Facilities for Individuals with Intellectual Disabilities - ICF/ID).

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Service Information

Audiology/Hearing Aid

Audiology/Hearing Aid program provides medically necessary audiology services to MHD participants. Hearing aids are a covered service for children ages 20 and under, pregnant women, participants in a category of assistance for the blind, and participants living in a vendor/nursing facility. A participant is entitled to one new hearing aid and related services every four years. However, services for children under the EPSDT program are determined to be whatever is medically necessary. See the Physician Services for more information about EPSDT benefits. Other covered services include audiological testing, hearing aids, ear molds, hearing aid fitting, hearing aid dispensing/evaluation, post-fitting evaluation, post-fitting adjustments, and hearing aid repairs.

The intent of this program is to prevent additional or total hearing loss for children under the age of 20, as well as, provide a better quality of life to all hearing impaired participants. MHD attempts to increase a participant's quality of life and to reduce future MHD spending for speech/language therapy and cognitive development services for hearing impaired children.

Optical

The MO HealthNet Optical Program covers the following types of providers and services:

- Optometrists - eye examinations, eyeglasses, artificial eyes, and special ophthalmological services
- Physicians - eyeglasses, artificial eyes (physician must be enrolled in the Optical program in order to bill for these services)
- Opticians - eyeglasses and artificial eyes

Participants who are age 20 and under or who are pregnant, blind, or in a nursing facility (including ICF/ID) are eligible for an eye exam every 12 months. MO HealthNet participants age 21 and over are eligible for an eye exam every 24 months. MO HealthNet eligible participants are allowed 1 pair of complete eyeglasses every 2 years. Participants may be eligible for an additional eye exam and new lens within the stated time periods if the participant has a .50 diopter change in one or both eyes. An optometrist is used as a consultant for this program. The consultant reviews prescriptions that do not meet the program criteria. Services related to trauma or treatment of disease/medical conditions remain a covered benefit for all MO HealthNet participants.

Ambulance

Emergency medical transportation is provided under the ambulance program. Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital. Certain specified non-emergency but medically necessary ambulance transports are also covered. Ambulance services can be provided through ground or air transportation (helicopter/fixed wing) as medically necessary.

Providers are required to provide the MHD with the Missouri Ambulance Reporting Form (trip ticket) to receive reimbursement when mileage charges are indicated on the CMS-1500 claim form. Charges for mileage must be based on loaded mileage, from the point of pickup of a participant to his or her arrival at the intended destination. The MHD does not reimburse for mileage that is less than 0.5 miles from point of pickup to destination.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

DME

MO HealthNet reimburses qualified Durable Medical Equipment (DME) providers for certain items of durable medical equipment such as: apnea monitors; artificial larynx and related items; augmentative communication devices; canes; crutches; commodes; bed pans; adult incontinence briefs; urinals; CPAP devices; decubitus care equipment; hospital beds; side rails; humidifiers; BiPAP machines; IPPB machines; insulin pumps and supplies; labor and repair codes; nebulizers; orthotics; ostomy supplies; oxygen and respiratory equipment; patient lifts and trapeze; prosthetics; scooters; suction pumps; total parenteral nutrition mix; supplies and equipment; wheelchairs; wheelchair accessories; and walkers. These items must be prescribed.

Treat No Transport

The Treat No Transport (TNT) program, previously known as Community Health Access Programs (CHAPs), funds a new procedure code which will reimburse emergency medical technicians or paramedics for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department. This program is intended to assist participants that have been over-utilizing emergency rooms/services and the 911 system for non-medical emergencies. For a 911 dispatched call the participant will be seen on-site by an ambulance services provider (emergency medical technician or paramedic) that will perform a medical assessment and determine if the participant needs to be transported to the emergency department. If the emergency medical technician or paramedic determines that an emergency does not exist, the participant will be treated on-site. The emergency medical technician or paramedic may also refer the participant for follow-up services. The program began January 1, 2020.

Rate History

Audiology/Hearing Aid, Optical, DME, and Rehabilitative Therapies

07/01/2019: 1.5% rate increase for all covered services*

07/01/2018: 1.5% rate increase for all covered services*

07/01/2017: 3% rate decrease for all covered services

07/01/2016: ~2% rate increase for all covered services

01/01/2016: 1% rate increase for all covered services (funded by the Tax Amnesty Fund)

** All covered services in these programs received a rate increase with the exception of DME services affected by the 21st Century CURES Act, as described in the MHD Provider Bulletin located at <https://dss.mo.gov/mhd/providers/pdf/bulletin41-06-2018july19.pdf>*

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Ambulance

07/01/2021: 60% of Medicare rate for air ambulance

07/01/2020: \$45 base rate increase for ground ambulance*

07/01/2019: 1.5% rate increase for all ambulance services

07/01/2018: 1.5% rate increase for all ambulance services

07/01/2017: \$45 base rate increase for ground ambulance - 3% rate decrease for all ambulance services*

07/01/2016: \$45 base rate increase for ground ambulance; ~2% rate increase for all ambulance services; and an additional 51% increase for certain helicopter emergency services*

01/01/2016: 1% rate increase for all ambulance services (funded by the Tax Amnesty Fund)

** Base rates are paid based on an established fee schedule and vary depending upon the appropriate billing code. The \$45 increase was added to each billing code's rate on the existing MHD Ambulance Fee Schedule.*

Hospice

07/01/2021: CMS sets rates effective Oct. 1, MHD gets notification in September of what these will be

07/01/2020: 2.5% rate increase

07/01/2019: 2.11% rate increase

07/01/2018: 1.08% rate restoration

07/01/2017: 1.80% rate increase

07/01/2016: 3.94% rate increase

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

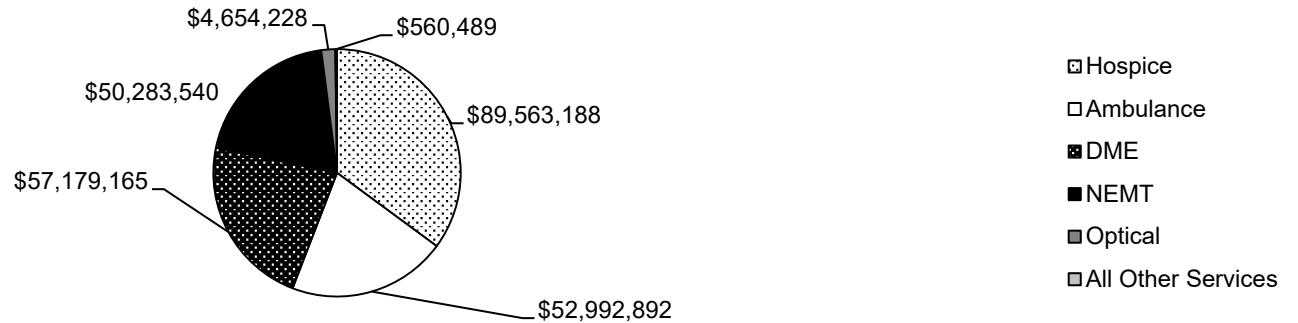
Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

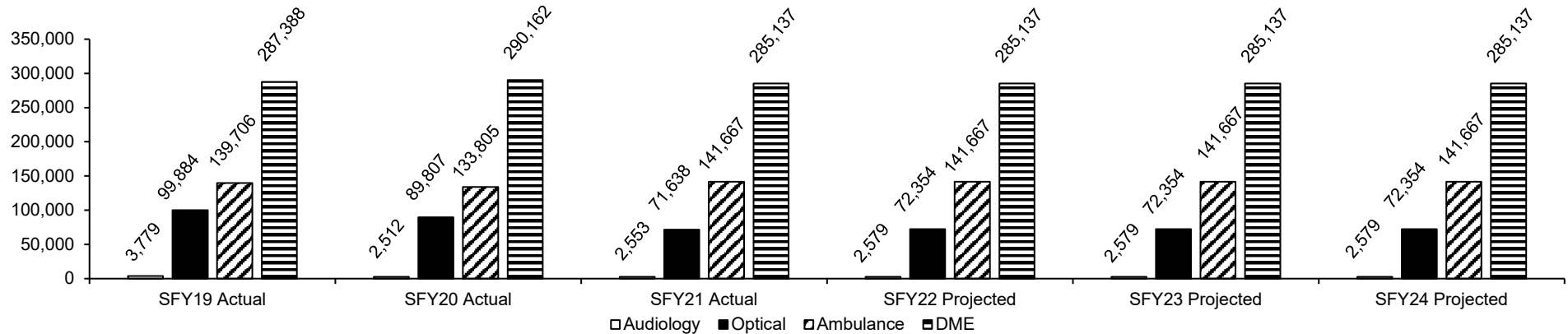
2a. Provide an activity measure(s) for the program.

The rehab program comprises 2.87% of the total Medicaid program dollars. The top 5 services within the Rehab and Specialty services program were hospice, ambulance, DME, non-emergency medical transportation (NEMT), and optical, based on total SFY 2021 expenditures. All other service types that make up less than 1% of total expenditures include: audiology services, rehabilitation center services, non-participating provider services, comprehensive day rehabilitation services, and disease management services.

Rehab and Specialty Services for SFY21



Total Number of Participants Who Received Services



Does not include Complex Rehab DME services.

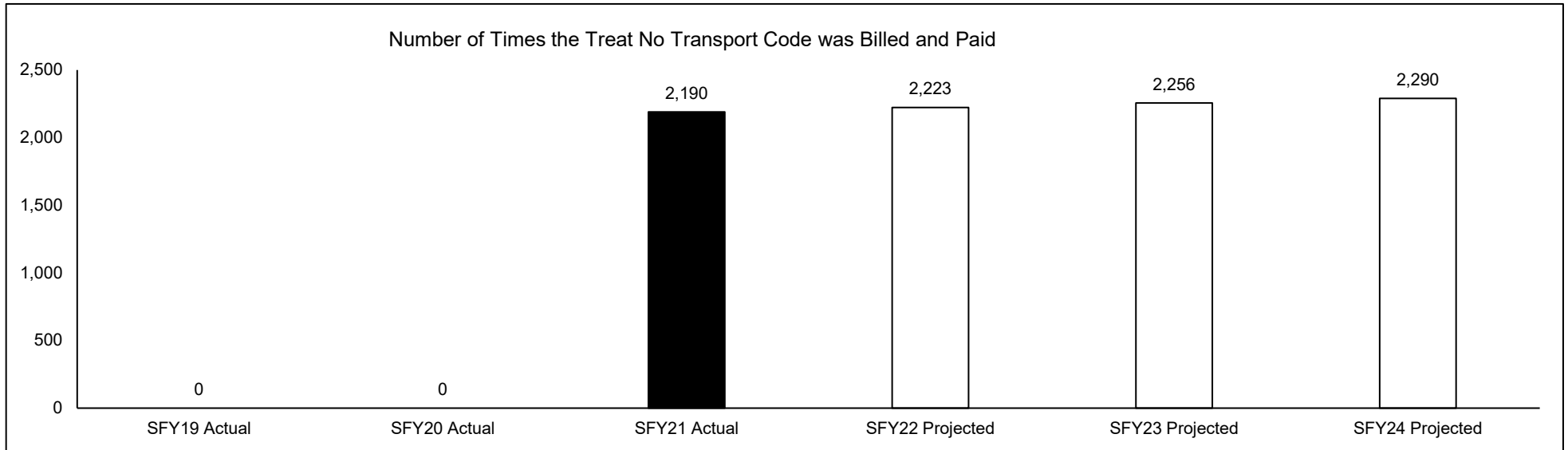
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services



*TNT program began January 1, 2020 (no data available prior to FY21)

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

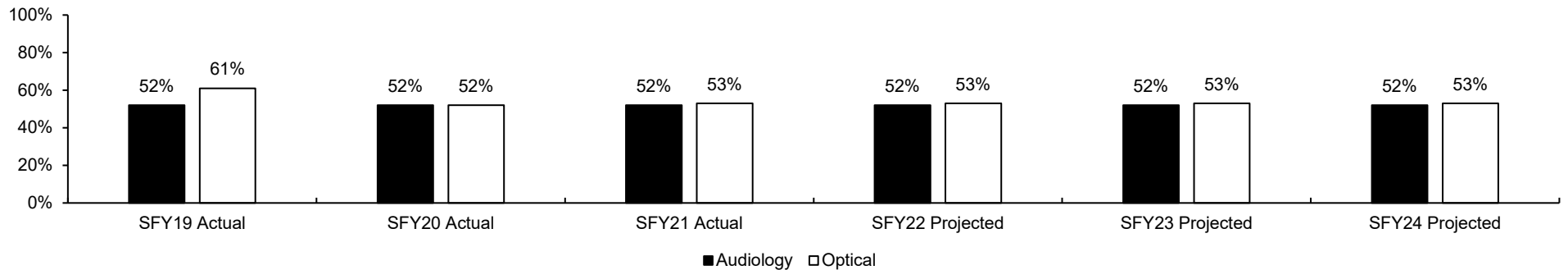
Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

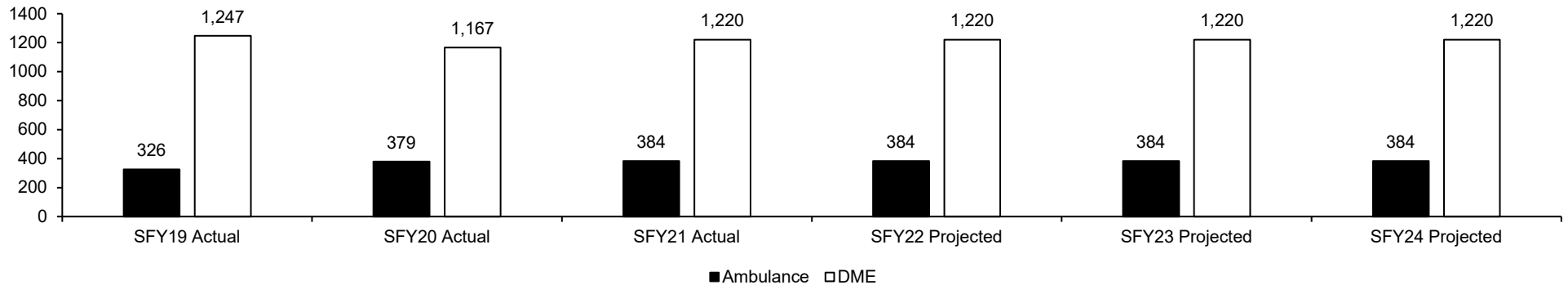
2b. Provide a measure(s) of the program's quality.

A measure of a program's quality would be the number of active (enrolled) providers versus the total number of licensed providers in Missouri (for each program). If MHD has an adequate number of enrolled providers, it shows that the payment rates are appropriate and that providers want to participate in the program.

Percentage of MHD - Enrolled Providers



Number of MHD - Enrolled Providers



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

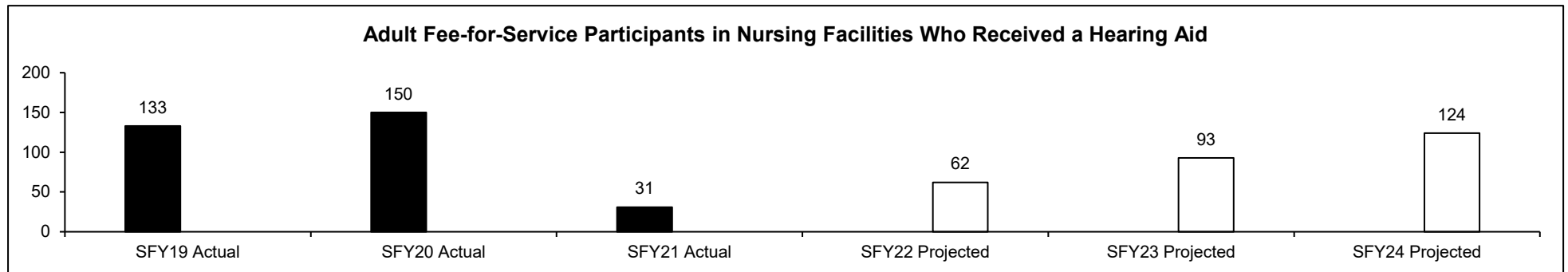
Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

2c. Provide a measure(s) of the program's impact.

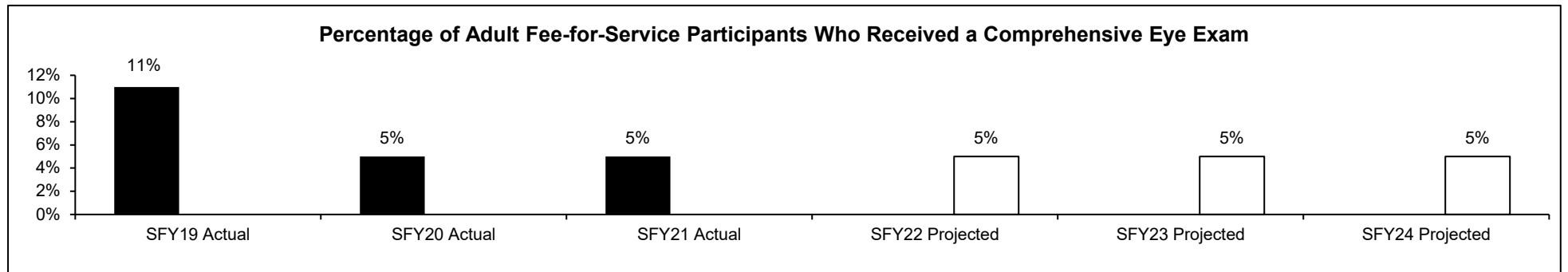
Audiology/Hearing Aid

MHD only covers hearing aids for children, pregnant women, participants who are in a category of assistance for the blind and participants living in a nursing facility. Statewide Managed Care implementation reduced the FFS population by enrolling most children and pregnant women. Blind participants receive two (2) hearing aids. Participants living in a nursing home are allowed one (1) hearing aid. Access to nursing facilities was limited in SFY21 due to COVID-19 restrictions, resulting in a decreased number of participants in nursing homes receiving hearing aid services. MHD expects this service to increase in the future as nursing facilities lift restrictions.



Optical

According to the National Academies of Sciences, vision impairment can cause additional health issues for individuals, including a lower quality of life, mobility issues, falls and injuries, depression and other behavioral health issues. By having regular optical exams, these potential health issues can be avoided, as well as identifying other health conditions, such as diabetes. MHD allows for the reimbursement of one (1) optical exam every two (2) years for adult FFS participants.



PROGRAM DESCRIPTION

Department: Social Services

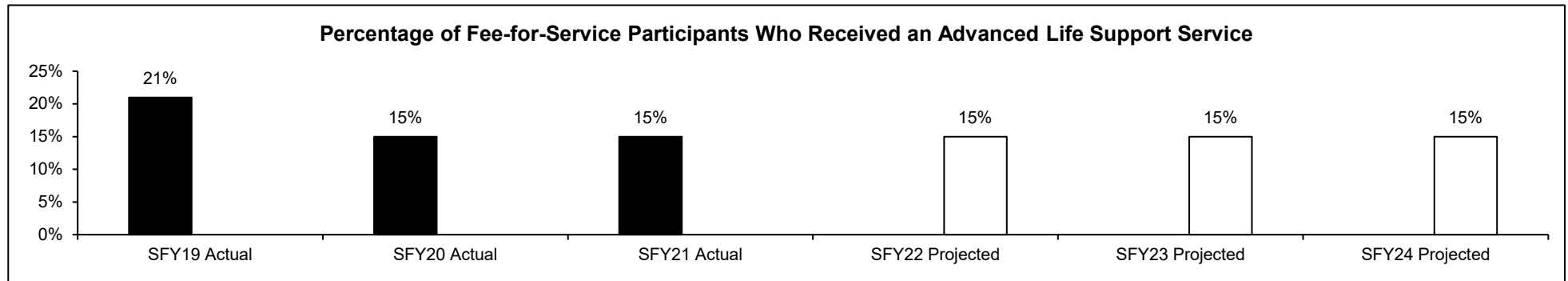
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

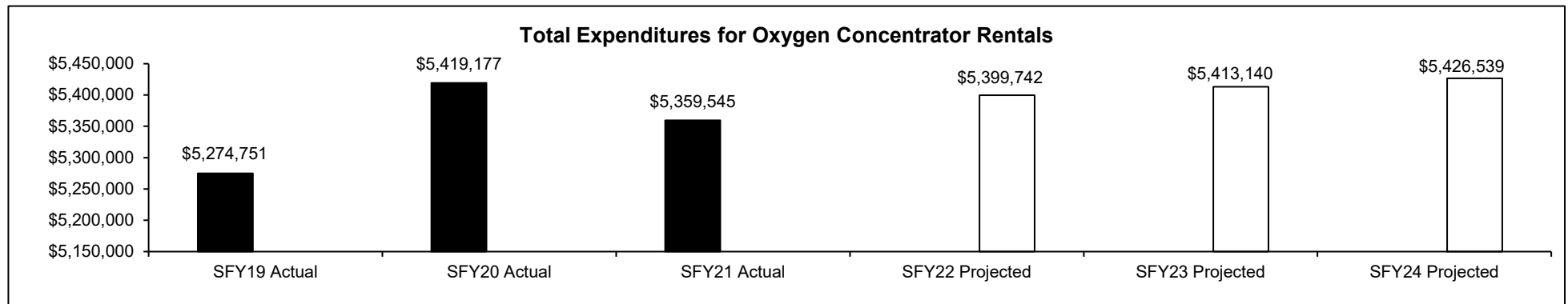
Ambulance

An indicator of impact is the percentage of adult fee-for-service participants who received an Advanced Life Support (ALS) service by fiscal year. ALS services are those emergency services which statutorily require a paramedic to be on-board the vehicle. The reimbursement rates of ALS services are higher than Basic Life Support (BLS) service rates.



DME

In SFY21, the DME program's total expenditures was \$49,753,821 (this does not include DME items paid in Complex Rehab). The DME item with the highest total expenditures in FY21 were rentals on oxygen concentrators. The total expenditures for this DME service in FY21 was \$5,359,545. If a participant is deprived of an oxygen concentrator, the potential for a life-threatening emergency is high. The outcome could cause the participant to enter into a higher level of care, and thus, cost the state significantly more.



PROGRAM DESCRIPTION

Department: Social Services

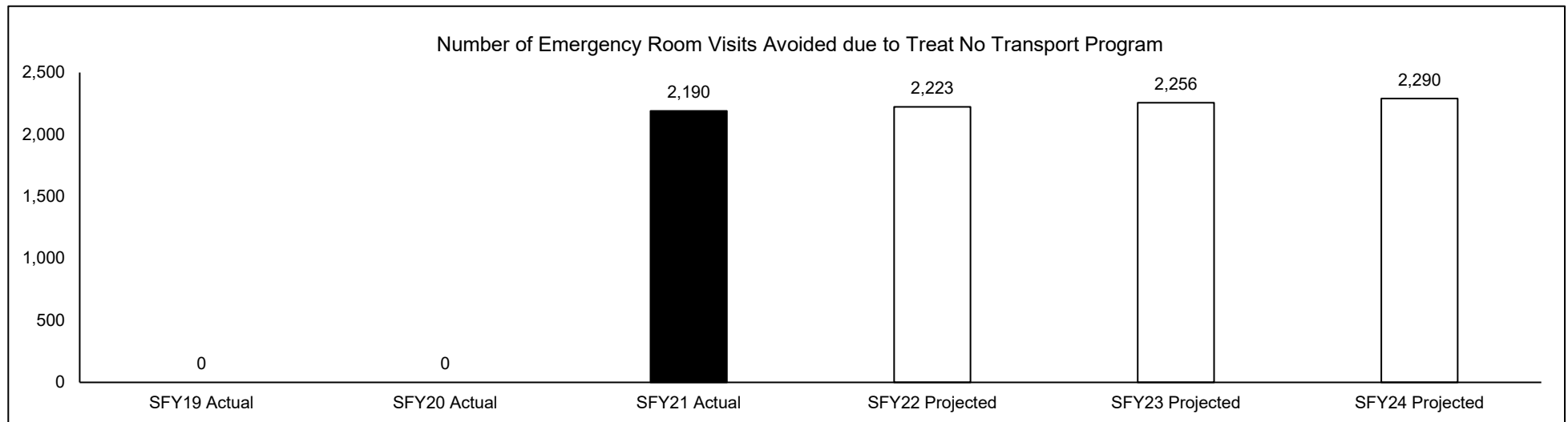
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Treat No Transport

The TNT program is intended to assist participants that have been over-utilizing emergency rooms/services and the 911 system for non-medical emergencies. For a 911 dispatched call the participant will be seen on-site by an ambulance services provider (emergency medical technician or paramedic) that will perform a medical assessment and determine if the participant needs to be transported to the emergency department.



PROGRAM DESCRIPTION

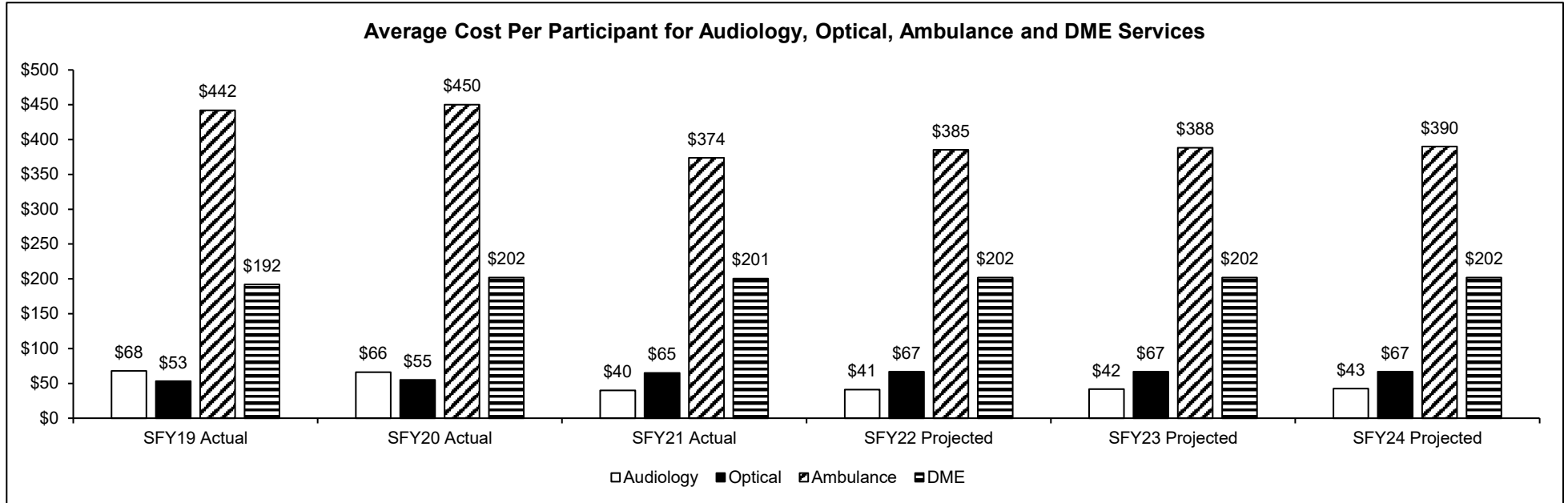
Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

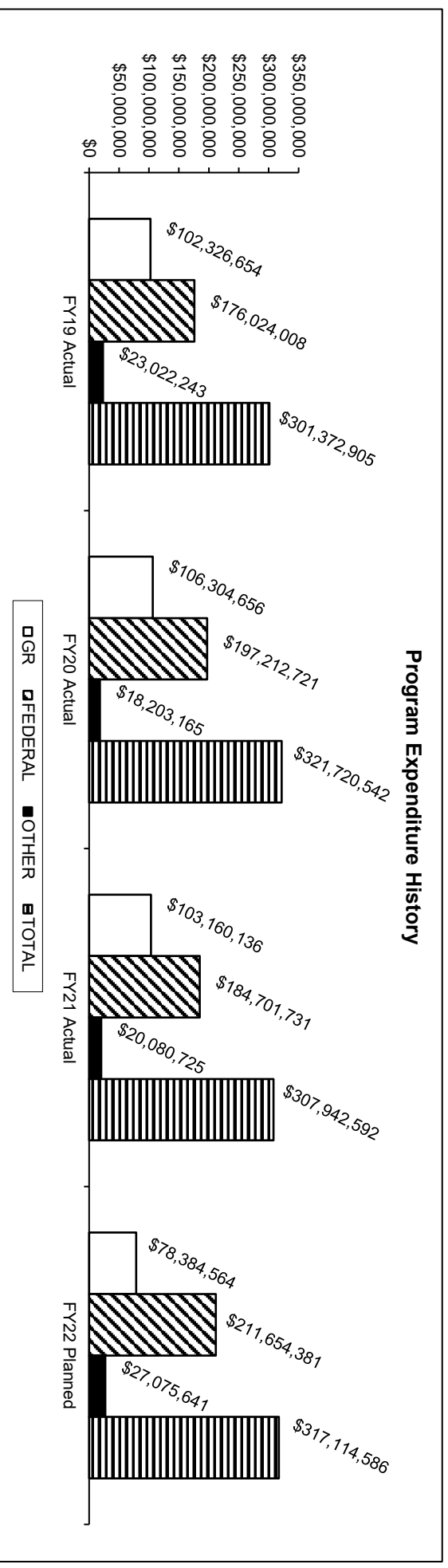
Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2022 expenditures is net of reserves.

4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

**NDI – Hospice Rate
Increase**

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

DI# 1886022

Budget Unit: 90550C
HB Section: 11.745

1. AMOUNT OF REQUEST

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	145,335	282,248	0	427,583
TRF	0	0	0	0
Total	145,335	282,248	0	427,583
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note:				

Other Funds: N/A
Non-Counts: N/A

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note:				

Other Funds:
Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

DI# 1886022

Budget Unit: 90550C

HB Section: 11.745

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.

An increase of 2.50% is requested and was applied to the actual FY21 hospice payments to arrive at the total need for FY23.

Department Request

Type of Care	FY21 Units of Care	FY21 Expended Amount	FY 21 Avg. Cost	2.50% Increase	FY23 Avg. Cost with Rate Inc
Routine Home Care	109,235	\$ 16,210,452	\$ 148.40	\$ 3.71	\$ 152.11
Continuous Care	74	\$ 3,729	\$ 50.40	\$ 1.26	\$ 51.66
Inpatient Respite Care	835	\$ 805,607	\$ 964.80	\$ 24.12	\$ 988.92
General Inpatient Care	191	\$ 83,516	\$ 437.26	\$ 10.93	\$ 448.19
FY21 Expenditure Hospice Total		\$ 17,103,304			
FY22 Proposed Rate Increase		2.50%			
FY22 Hospice Rate Increase Total		\$427,583			
FMAP 66.01%		Total	GR	Federal	
Hospice rate increase		427,583	145,335	282,248	

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

DI# 1886022

Budget Unit: 90550C

HB Section: 11.745

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	145,335	0.0	282,248	0.0	0	0.0	427,583	0.0	0
Total PSD	145,335	0.0	282,248	0.0	0	0.0	427,583	0.0	0
Grand Total	145,335	0.00	282,248	0.00	0	0	427,583	0.00	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Please see the Rehab and Specialty core section for performance measures.

6b. Provide a measure of the program's quality.

Please see the Rehab and Specialty core section for performance measures.

6c. Provide a measure of the program's impact.

Please see the Rehab and Specialty core section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the Rehab and Specialty core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
Hospice Rate Increase - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	427,583	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	427,583	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$427,583	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$145,335	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$282,248	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Non-Emergency Medical Transportation (NEMT)

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C
 HB Section: 11.745

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	17,251,515	39,963,261	0	57,214,776
TRF	0	0	0	0
Total	17,251,515	39,963,261	0	57,214,776
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for non-emergency medical transportation (NEMT) for the fee-for-service program.

3. PROGRAM LISTING (list programs included in this core funding)

Non-Emergency Medical Transportation (NEMT)

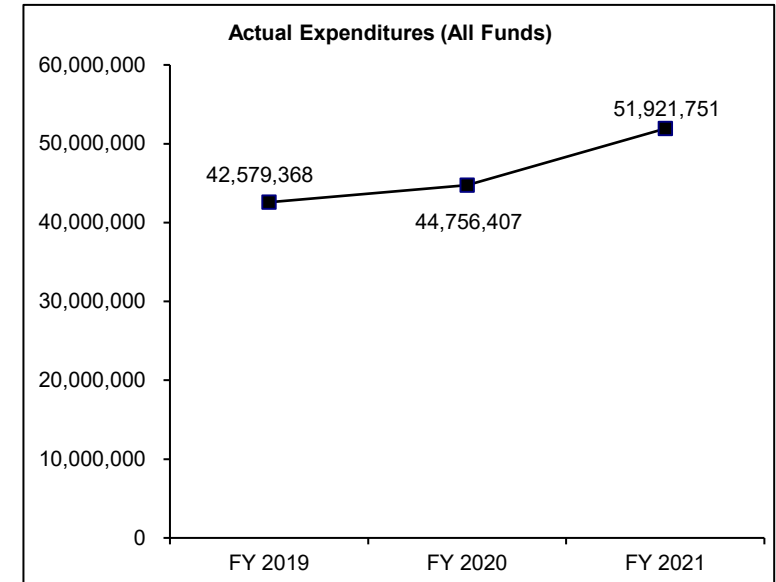
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C
HB Section: 11.745

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	47,279,866	49,589,699	61,083,485	57,214,776
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	47,279,866	49,589,699	61,083,485	57,214,776
Actual Expenditures (All Funds)	42,579,368	44,756,407	51,921,751	N/A
Unexpended (All Funds)	4,700,498	4,833,292	9,161,734	N/A
Unexpended, by Fund:				
General Revenue	-	296	343,555	N/A
Federal	4,700,498	4,832,996	8,818,179	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$239,982 GR was used as flex to cover other program expenditures.

(2) FY20 - \$791,000 GR and \$1,515,000 Fed was flexed in to cover program expenditures.

(3) FY21 - \$3,691,974 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NON-EMERGENCY TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	17,251,515	39,963,261	0	57,214,776	
	Total	0.00	17,251,515	39,963,261	0	57,214,776	
DEPARTMENT CORE REQUEST							
	PD	0.00	17,251,515	39,963,261	0	57,214,776	
	Total	0.00	17,251,515	39,963,261	0	57,214,776	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	17,251,515	39,963,261	0	57,214,776	
	Total	0.00	17,251,515	39,963,261	0	57,214,776	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	17,418,774	0.00	17,251,515	0.00	17,251,515	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	34,502,977	0.00	39,963,261	0.00	39,963,261	0.00	0	0.00
TOTAL - PD	51,921,751	0.00	57,214,776	0.00	57,214,776	0.00	0	0.00
TOTAL	51,921,751	0.00	57,214,776	0.00	57,214,776	0.00	0	0.00
MHD CTC - 1886029								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	929,873	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,819,703	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,749,576	0.00	0	0.00
TOTAL	0	0.00	0	0.00	2,749,576	0.00	0	0.00
NEMT Actuarial Increase - 1886032								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	758,558	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,496,372	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,254,930	0.00	0	0.00
TOTAL	0	0.00	0	0.00	2,254,930	0.00	0	0.00
GRAND TOTAL	\$51,921,751	0.00	\$57,214,776	0.00	\$62,219,282	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	51,921,751	0.00	57,214,776	0.00	57,214,776	0.00	0	0.00
TOTAL - PD	51,921,751	0.00	57,214,776	0.00	57,214,776	0.00	0	0.00
GRAND TOTAL	\$51,921,751	0.00	\$57,214,776	0.00	\$57,214,776	0.00	\$0	0.00
GENERAL REVENUE	\$17,418,774	0.00	\$17,251,515	0.00	\$17,251,515	0.00		0.00
FEDERAL FUNDS	\$34,502,977	0.00	\$39,963,261	0.00	\$39,963,261	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

1a. What strategic priority does this program address?

Provide access to NEMT services to MHD participants

1b. What does this program do?

The purpose of the NEMT program is to ensure transportation services to MO HealthNet participants who do not otherwise have access to appropriate transportation to and from scheduled MO HealthNet covered services.

The Missouri NEMT Program is structured to utilize and build on the existing transportation network in the state. The federally-approved method used by Missouri to structure the NEMT Program allows the state to have one statewide transportation broker to coordinate the transportation providers. The broker determines which transportation provider will be assigned to each MO HealthNet participant.

NEMT services are defined as a ride, or reimbursement for a ride, and ancillary services provided so that a MO HealthNet participant with no other means of transportation resources can receive MO HealthNet covered services from a medical service provider. By definition, NEMT does not include transportation provided on an emergency basis, such as trips to the emergency room in life-threatening situations, unloaded miles, or transportation provider wait times.

The NEMT broker must ensure that NEMT services are available 24 hours per day, seven (7) days per week, when medically necessary. The broker provides NEMT services to MO HealthNet-covered services that do not include transportation. In addition, the broker arranges NEMT services for one parent/guardian to accompany children under the age of 21, if requested. The broker also arranges NEMT services for an attendant, if appropriate, to accompany children under the age of 21. If the participant is under the age of 17, a parent/guardian must ride with them.

In addition to authorizing the transportation services, the broker authorizes and arranges the least expensive and most appropriate ancillary services.

Ancillary services are only authorized if:

- The medical appointment requires an overnight stay; and
- Volunteer, community, or other ancillary services are *not* available without a fee/charge to the participant.

One parent/guardian is allowed ancillary services when a MO HealthNet-eligible child is inpatient in a hospital setting and meets the following criteria:

- The hospital does not provide ancillary services without a cost to the participant's parent/guardian; and
- The hospital is more than 120 miles from the participant's residence; or
- The hospitalization is related to a MO HealthNet-covered transplant service.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

Reimbursement Methodology

NEMT services are reimbursed in the Fee-for-Service (FFS) and Managed Care settings. For Managed Care participants, NEMT services are reimbursed by MO HealthNet through the actuarially-sound capitated rate paid to the Managed Care Organizations (MCOs) and are not reimbursed under this line. *See Managed Care program description for more information*. As of November 2004, the service is provided to FFS participants as a direct state plan service. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT FFS participant based on which of the four regions of the state in which the participant resides. ModivCare, formerly known as Logisticare is Missouri's NEMT broker contract. The current contract became effective July 1, 2016 and will expire June 30, 2022. The contract is issued for a period of five (5) years; however, due to the irregularity of NEMT services through the COVID crisis and the potential population change from Medicaid Expansion legislation, MHD extended the current contract for an additional year.

Where appropriate and possible, the MHD enters into cooperative agreements to provide matching MO HealthNet funds for state and local general revenue already being used to transport MO HealthNet-enrolled participants to medical services. Participants are required to use public entity transportation when available. When they do so, the payments are made to public entities on a per-trip basis. By working with existing governmental entities and established transportation providers, NEMT is provided in a cost-effective manner and governmental agencies are able to meet the needs of their constituency.

The MHD works with state and local agencies to provide federal matching funds for general revenue used for NEMT services including:

- The Children's Division for children in state care and custody
- School-Based NEMT Services
- Bi-State Development Agency
- Kansas City Area Transit Authority (KCATA)/Ride KC Connection
- Columbia Transit
- City Utilities of Springfield
- Nevada City Hospital
- City of Jefferson/Jefftran

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

NEMT Rate History		
SFY	MHD Rate	DMH and MHD Rate*
2021	\$12.59	\$3.22
2020	\$12.49	\$2.93
2019	\$11.65	\$2.74
2018	\$11.38	\$2.66

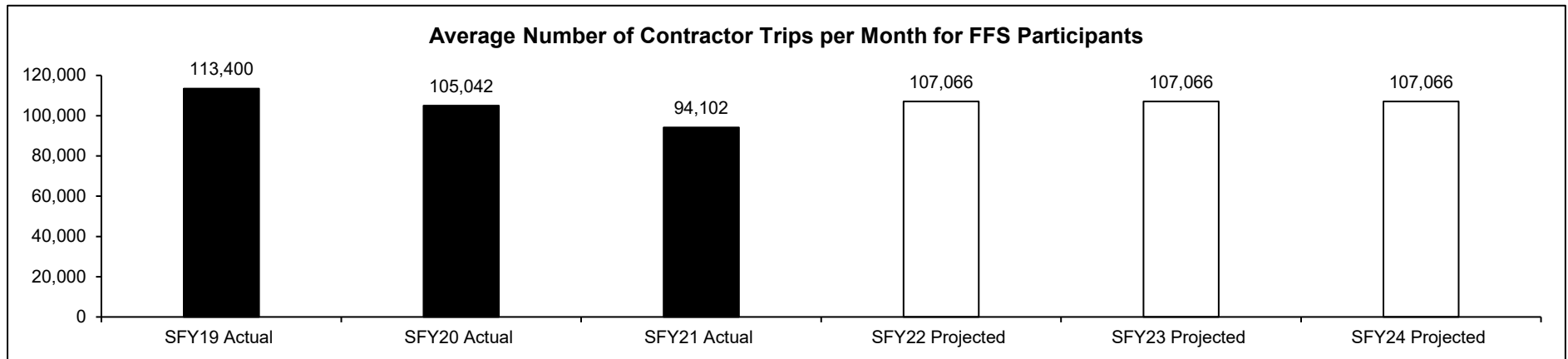
*Combined Weighted Average Rate History Based on FTE
SFY18 rate increase was due to the transition of members to statewide managed care. The remaining members in FFS experience higher levels of transportation utilization.

In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

NEMT Actuarial Rate History			
SFY	MHD	DMH	Combined
2022	5.60%	19.70%	6.40%
2021	10.00%	7.10%	9.53%
2020	5.30%	2.20%	5.10%
2019	2.40%	13.60%	3.00%

In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

2a. Provide an activity measure(s) for the program.



*Lower average number of trips in SFY20 and SFY21 is due to COVID-19

PROGRAM DESCRIPTION

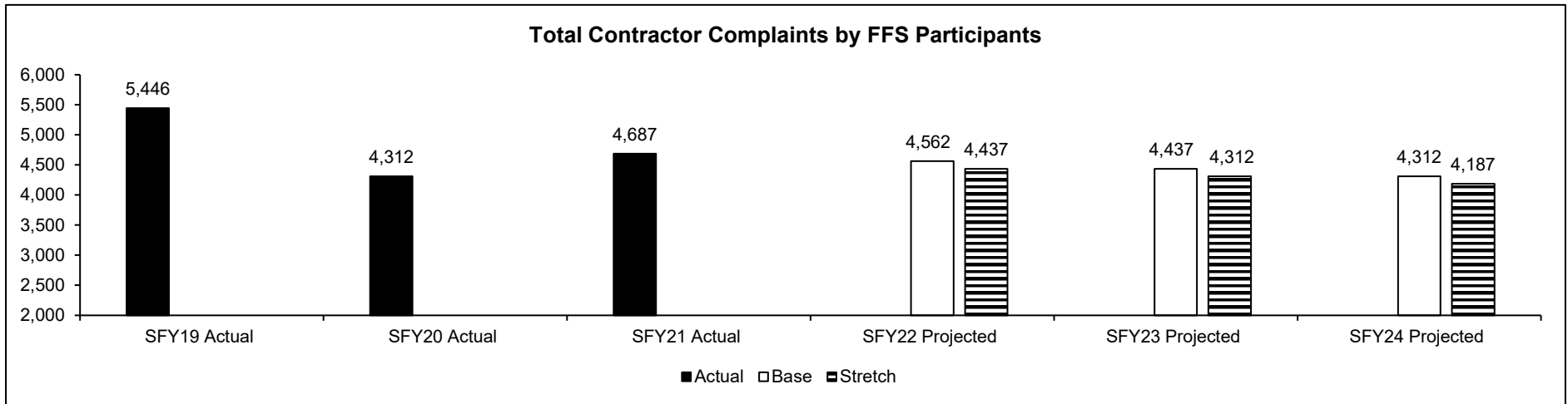
Department: Social Services

HB Section(s): 11.745

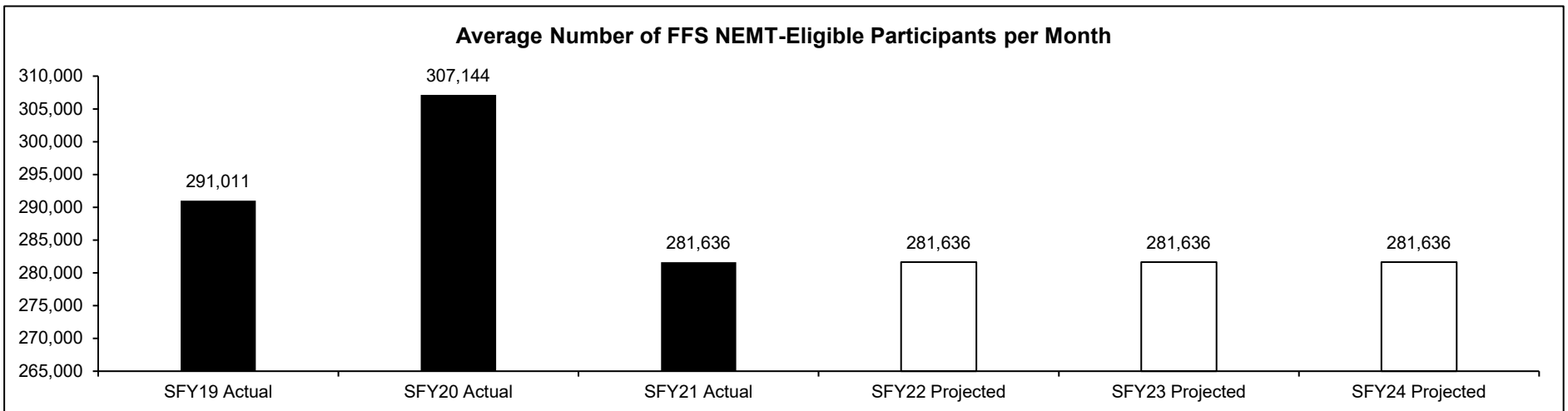
Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

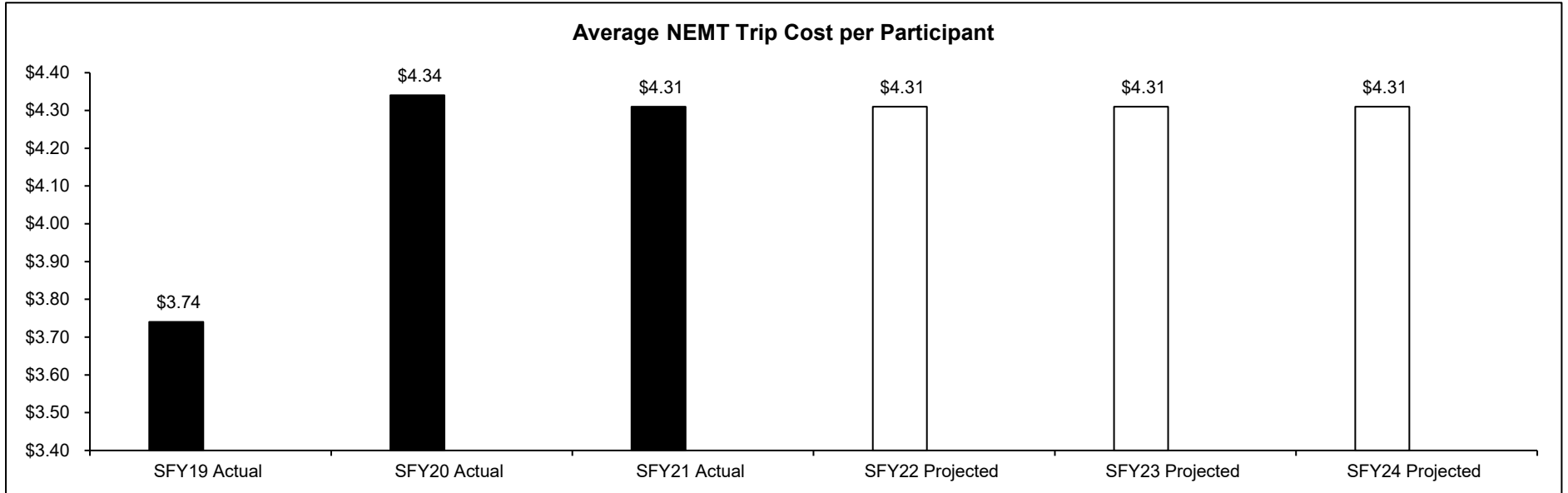
Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

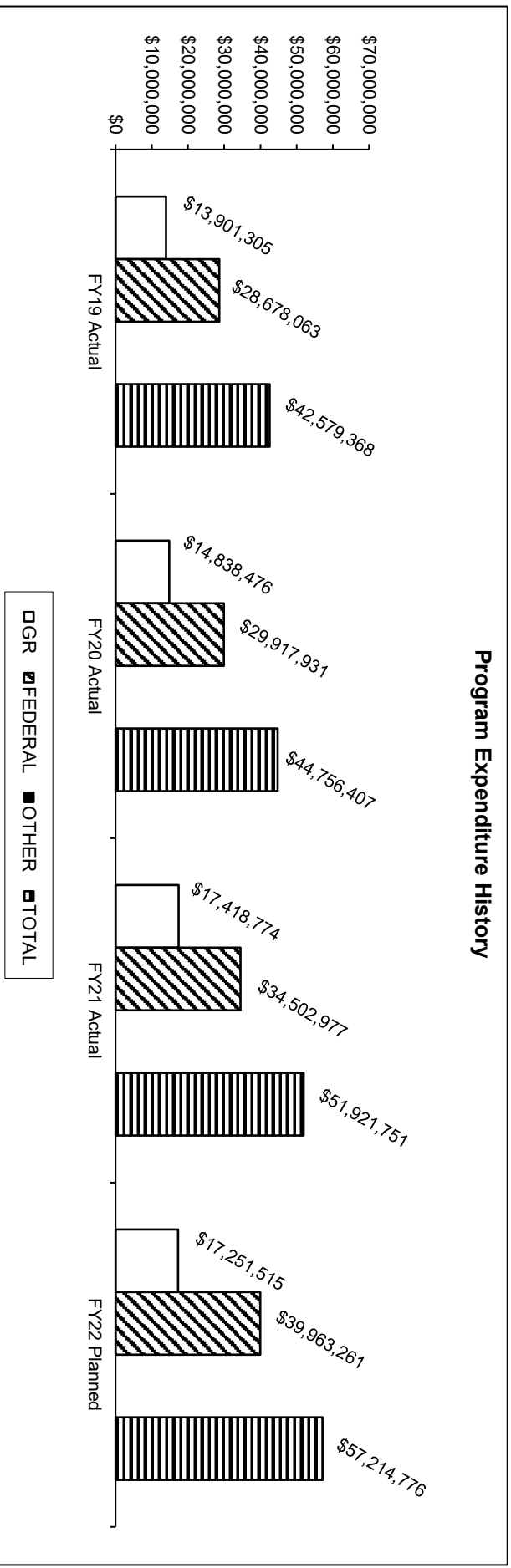
Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal regulation: 42 CFR 431.53 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, state Medicaid programs must assure availability of medically necessary transportation.

**NDI - NEMT Actuarial
Increase**

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet Division
DI Name: NEMT Actuarial Increase

DI# 1886032

Budget Unit: 90561C

HB Section: 11.745

1. AMOUNT OF REQUEST

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	758,558	1,496,372	0	2,254,930
TRF	0	0	0	0
Total	758,558	1,496,372	0	2,254,930
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A
Non-Counts: N/A

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input checked="" type="checkbox"/>	Federal Mandate	<input type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input checked="" type="checkbox"/>	Other: Actuarial Increase		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed for the Non-Emergency Medical Transportation (NEMT) contract cost increase. The cost increase is attributed to the increase needed to maintain actuarial soundness in SFY23. Federal regulation 42 CFR 438.4 requires the capitation payments be actuarially sound.

The purpose of the NEMT program is to ensure non-emergency medical transportation to scheduled MO HealthNet covered services for MO HealthNet participants in the fee-for-service program who do not have access to free and appropriate transportation. The participant is to be provided with the most appropriate mode of transportation. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT participant, based on eligibility group, and which of the four regions of the state the participant resides.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet Division
DI Name: NEMT Actuarial Increase

DI# 1886032

Budget Unit: 90561C

HB Section: 11.745

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The state contracted actuary provided the projected managed transportation trends for the SFY23 NEMT budget. The estimate was for a 4.2% MO HealthNet and 7.1% Department of Mental Health actuarial increase over SFY22 rates related to increases in utilization and cost components. In SFY19 the Department of Mental Health's NEMT budget appropriation was transferred to MO HealthNet.

MHD Statewide Contract (Four Regions)

Region*	Projected Member Months	FY22 Rates (contract amendment)	FY 23 Trend Rates	Estimated Annual Cost FY22 Rates	Estimated Annual Cost FY23 Rates	Annual Cost of FY23 Rate
01	67,626	15.06	15.72	\$ 12,221,280	\$ 12,759,017	\$ 537,736
02	40,085	12.79	13.35	\$ 6,152,297	\$ 6,422,998	\$ 270,701
03	135,647	18.17	18.90	\$ 29,576,381	\$ 30,759,436	\$ 1,183,055
SW	25,664	0.79	0.84	\$ 243,290	\$ 258,617	\$ 15,327
TOTAL	269,021			\$ 48,193,248	\$ 50,200,068	\$ 2,006,820

Region 1 - Aged, Blind, Disabled (Franklin, Jefferson, St. Charles, St. Louis County, St. Louis City)

Region 2 - Aged, Blind, Disabled (Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray)

Region 3 - Aged, Blind, Disabled (All other counties)

Statewide - Medicaid for Families, Children, Pregnant Women

DMH Contract Rates (Four Regions)

Region*	Projected Member Months	FY22 Rates (contract amendment)	FY 23 Trend Rates	Estimated Annual Cost FY21 Rates	Estimated Annual Cost FY22 Rates	Estimated Annual Cost of FY22 Rate Increase
01	67,635	0.90	0.94	\$ 730,456	\$ 760,405	\$ 29,949
02	40,089	0.79	0.83	\$ 380,046	\$ 399,428	\$ 19,382
03	135,657	1.28	1.33	\$ 2,083,695	\$ 2,164,959	\$ 81,264
SW	979,288	0.01	0.02	\$ 117,515	\$ 235,029	\$ 117,515
	1,222,669			\$ 3,311,712	\$ 3,559,822	\$ 248,110

	GR	Fed	Total
MHD	675,094	1,331,726	2,006,820
DMH	83,464	164,646	248,110
Total	758,558	1,496,372	2,254,930
FMAP	33.64%	66.36%	

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet Division
DI Name: NEMT Actuarial Increase

DI# 1886032

Budget Unit: 90561C
HB Section: 11.745

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	758,558	0.0	1,496,372	0.0	0	0.0	2,254,930	0.0	0
Total PSD	758,558	0.0	1,496,372	0.0	0	0.0	2,254,930	0.0	0
Grand Total	758,558	0.0	1,496,372	0.0	0	0.0	2,254,930	0.0	0.0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

- 6a. **Provide an activity measure(s) for the program.**
Please see the NEMT core section for performance measures.
- 6b. **Provide a measure(s) of the program's quality.**
Please see the NEMT core section for performance measures.
- 6c. **Provide a measure(s) of the program's impact.**
Please see the NEMT core section for performance measures.
- 6d. **Provide a measure(s) of the program's efficiency.**
Please see the NEMT core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
NEMT Actuarial Increase - 1886032								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,254,930	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,254,930	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,254,930	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$758,558	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,496,372	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Ground Emergency Medical Transportation (GEMT)

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C
 HB Section: 11.750

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	55,422,158	28,538,088	83,960,246
TRF	0	0	0	0
Total	0	55,422,158	28,538,088	83,960,246
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Ground Emergency Medical Transportation (0422) - \$28,538,088

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for ground emergency medical transportation (GEMT) for the fee-for-service program.

3. PROGRAM LISTING (list programs included in this core funding)

Ground Emergency Medical Transportation (GEMT)

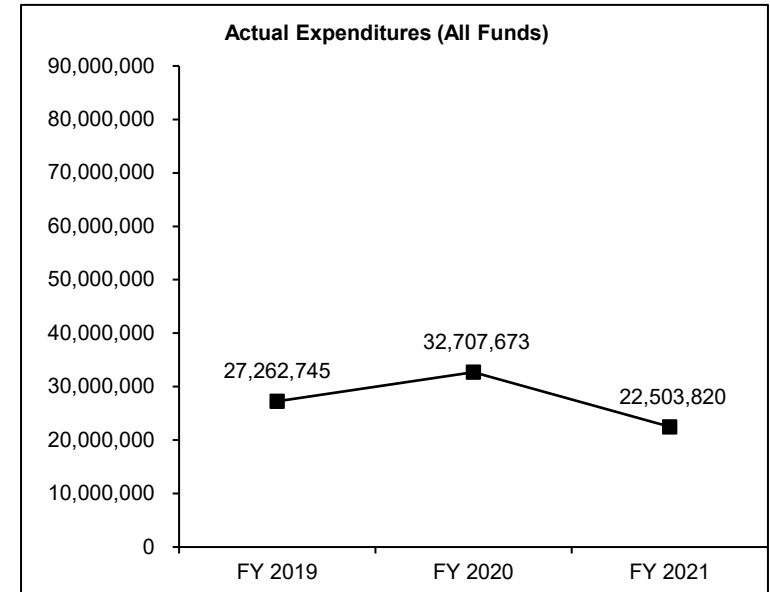
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C
HB Section: 11.750

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	75,748,556	83,960,246	83,960,246	83,960,246
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	75,748,556	83,960,246	83,960,246	83,960,246
Actual Expenditures (All Funds)	27,262,745	32,707,673	22,503,820	N/A
Unexpended (All Funds)	48,485,811	51,252,573	61,456,426	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	29,003,990	33,753,620	39,927,008	N/A
Other	19,481,821	17,498,953	21,529,418	N/A
	(1)			



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$8,211,690 was held in Agency Reserve in the Federal Fund (0163).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GROUND EMER MED TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	55,422,158	28,538,088	83,960,246	
	Total	0.00	0	55,422,158	28,538,088	83,960,246	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	55,422,158	28,538,088	83,960,246	
	Total	0.00	0	55,422,158	28,538,088	83,960,246	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	55,422,158	28,538,088	83,960,246	
	Total	0.00	0	55,422,158	28,538,088	83,960,246	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	14,758,819	0.00	55,422,158	0.00	55,422,158	0.00	0	0.00
GROUND EMERGENCY MED TRANSPORT	7,745,001	0.00	28,538,088	0.00	28,538,088	0.00	0	0.00
TOTAL - PD	22,503,820	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL	22,503,820	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$22,503,820	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90588C BUDGET UNIT NAME: GEMT HOUSE BILL SECTION: 11.750	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	22,503,820	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL - PD	22,503,820	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$22,503,820	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$14,758,819	0.00	\$55,422,158	0.00	\$55,422,158	0.00		0.00
OTHER FUNDS	\$7,745,001	0.00	\$28,538,088	0.00	\$28,538,088	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.750

Program Name: Ground Emergency Medical Transportation (GEMT)

Program is found in the following core budget(s): GEMT

1a. What strategic priority does this program address?

Provide access to ground emergency transportation services.

1b. What does this program do?

The Ground Emergency Medical Transportation (GEMT) Program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to Department of Social Services, MO HealthNet Division (MHD) participants. Providers must agree to fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MHD will make supplemental payments to qualifying ambulance providers up to the amount uncompensated by all other sources of reimbursement. Total reimbursement from MHD, including the supplemental payment, will not exceed one hundred percent of actual costs.

The GEMT program began July 1, 2017. There were 48 providers that participated in the program the first year and 75 providers in the second year. Payments for the program began in FY 2019.

Reimbursement Methodology

Initial Cost Settlement

- Each eligible GEMT provider must compute the annual cost in accordance with the Cost Determination Protocols, and must submit the completed annual as-filed cost report, to MHD within five (5) months after the close of the State's Fiscal Year (SFY).
- MHD will make initial cost settlement payments to eligible GEMT providers. The initial cost settlement payment for each provider is based on the provider's completed annual cost report in the format prescribed by the MHD and approved by Centers for Medicare & Medicaid Services (CMS) for the applicable cost reporting year.
- To determine the GEMT payment rate, MHD must use the most recently filed cost reports of all qualifying providers. MHD will then determine an average cost per transport which will vary between the qualifying providers.

Cost Settlement Process

- The GEMT MO HealthNet Division payments and the number of transport data reported in the as-filed cost report will be reconciled to the Medicaid Management Information System (MMIS) reports generated for the cost reporting period within two (2) years of receipt of the as-filed cost report. The MHD will make adjustments to the as-filed cost report based on the reconciliation results of the most recently retrieved MMIS report.
- Each provider will receive payments in an amount equal to the greater of the interim payment or the total CMS approved Medicaid-allowable costs for GEMT services. The state share of the payment will be provided by an IGT payment from the provider.
- If, at the end of the final reconciliation, it is determined that the GEMT provider has been overpaid, the provider will return the overpayment to MHD, and MHD will return the overpayment to the federal government pursuant to Section 433.316 of Title 42 of the Code of Federal Regulations. If an underpayment is determined, then the GEMT provider will receive a supplemental payment in the amount of the underpayment.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

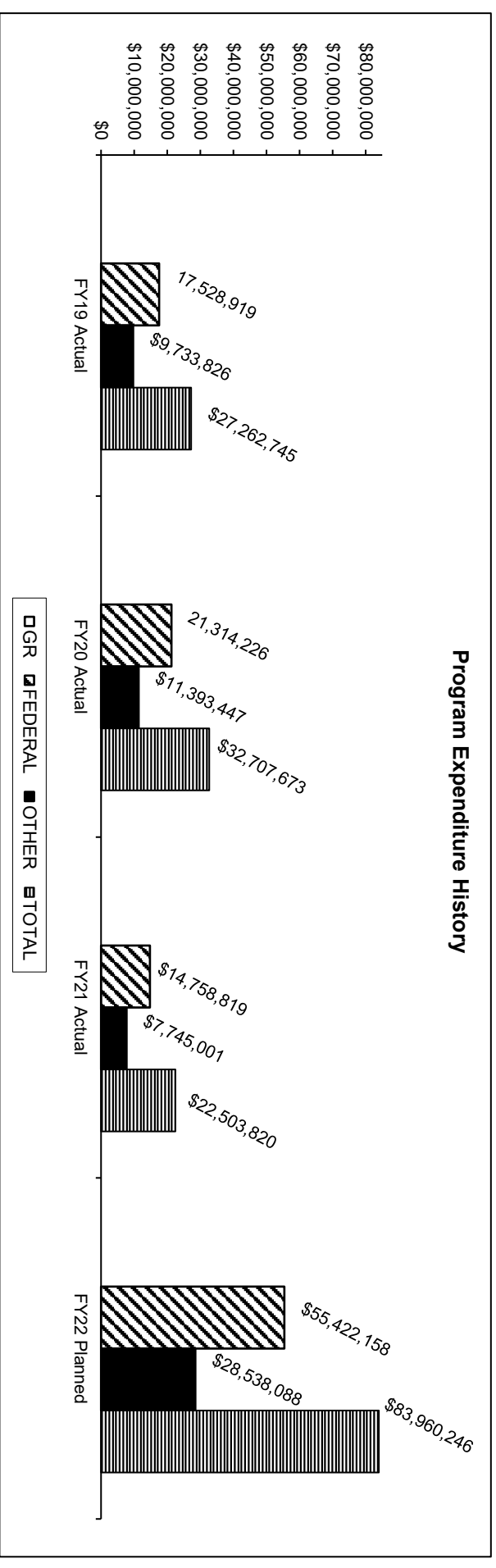
Department: Social Services

Program Name: Ground Emergency Medical Transportation (GEMT)

Program is found in the following core budget(s): GEMT

HB Section(s): 11.750

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

IGT: Ground Emergency Medical Transportation Fund (0422)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.1030 and 208.1032, RSMo. Senate Bill 607 passed by the 98th General Assembly in 2016. Federal Regulation: Section 433.316 of Title 42.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Complex Rehab Technology

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.755

1. CORE FINANCIAL SUMMARY

	FY 2023 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	4,062,132	7,888,686	0	11,950,818
TRF	0	0	0	0
Total	4,062,132	7,888,686	0	11,950,818
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

	FY 2023 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core funds items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs.

3. PROGRAM LISTING (list programs included in this core funding)

Complex Rehab Technology

CORE DECISION ITEM

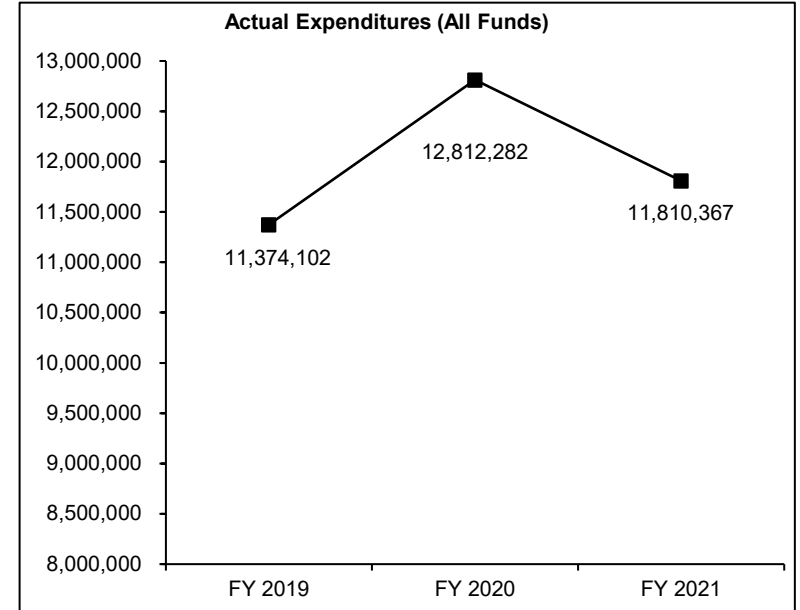
Department: Social Services
Division: MO HealthNet
Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.755

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	11,699,644	12,899,413	12,634,600	13,385,541
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	11,699,644	12,899,413	12,634,600	13,385,541
Actual Expenditures (All Funds)	11,374,102	12,812,282	11,810,367	N/A
Unexpended (All Funds)	325,542	87,131	824,233	N/A
Unexpended, by Fund:				
General Revenue	0	10,161	289,104	N/A
Federal	325,542	76,970	535,129	N/A
Other	0	0	0	N/A
	(1)	(2)		



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$292,645 GR and \$227,598 Fed was used as flex to cover other program expenditures.

(2) FY20 - \$470,000 GR and \$950,000 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES COMPLEX REHAB TECHNLOGY PRDUCTS

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
	PD		0.00	4,549,745	8,835,796	0	13,385,541	
	Total		0.00	4,549,745	8,835,796	0	13,385,541	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1191 8996	PD	0.00	0	(947,110)	0	(947,110)	Reduction due to estimated lapse.
Core Reduction	1191 8995	PD	0.00	(487,613)	0	0	(487,613)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES			0.00	(487,613)	(947,110)	0	(1,434,723)	
DEPARTMENT CORE REQUEST								
	PD		0.00	4,062,132	7,888,686	0	11,950,818	
	Total		0.00	4,062,132	7,888,686	0	11,950,818	
GOVERNOR'S RECOMMENDED CORE								
	PD		0.00	4,062,132	7,888,686	0	11,950,818	
	Total		0.00	4,062,132	7,888,686	0	11,950,818	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMPLEX REHAB TECHNLOGY PRDUCTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	4,114,709	0.00	4,549,745	0.00	4,062,132	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	7,695,658	0.00	8,835,796	0.00	7,888,686	0.00	0	0.00
TOTAL - PD	11,810,367	0.00	13,385,541	0.00	11,950,818	0.00	0	0.00
TOTAL	11,810,367	0.00	13,385,541	0.00	11,950,818	0.00	0	0.00
GRAND TOTAL	\$11,810,367	0.00	\$13,385,541	0.00	\$11,950,818	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90577C BUDGET UNIT NAME: Complex Rehab Technology HOUSE BILL SECTION: 11.755	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMPLEX REHAB TECHNLOGY PRDUCTS								
CORE								
PROGRAM DISTRIBUTIONS	11,810,367	0.00	13,385,541	0.00	11,950,818	0.00	0	0.00
TOTAL - PD	11,810,367	0.00	13,385,541	0.00	11,950,818	0.00	0	0.00
GRAND TOTAL	\$11,810,367	0.00	\$13,385,541	0.00	\$11,950,818	0.00	\$0	0.00
GENERAL REVENUE	\$4,114,709	0.00	\$4,549,745	0.00	\$4,062,132	0.00		0.00
FEDERAL FUNDS	\$7,695,658	0.00	\$8,835,796	0.00	\$7,888,686	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.755

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

1a. What strategic priority does this program address?

Provide therapeutic/adaptive equipment to keep participants in their homes

1b. What does this program do?

The Complex Rehab Technology program includes items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic and instrumental activities of daily living to prevent hospitalization and/or institutionalization of a patient with complex needs. Such items must be identified as medically necessary and include, but are not limited to, complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning seats, and other specialized equipment such as standing frames and gait trainers.

Rate History

07/01/19: ~1.5% rate increase on DME services.

07/01/18: ~1.5% rate increase on DME services.

07/01/17: 3% rate decrease on complex rehab DME items with an established fee listed on the fee schedule. Manually priced wheelchairs and accessories remain at 90% of MSRP for manual and custom wheelchairs, and 95% for power wheelchairs at this time.

07/01/16: -2% rate increase on all DME services listed on the fee schedule.

01/01/16: 1 % rate increase on all DME services listed on the fee schedule (funded by the Tax Amnesty Fund).

PROGRAM DESCRIPTION

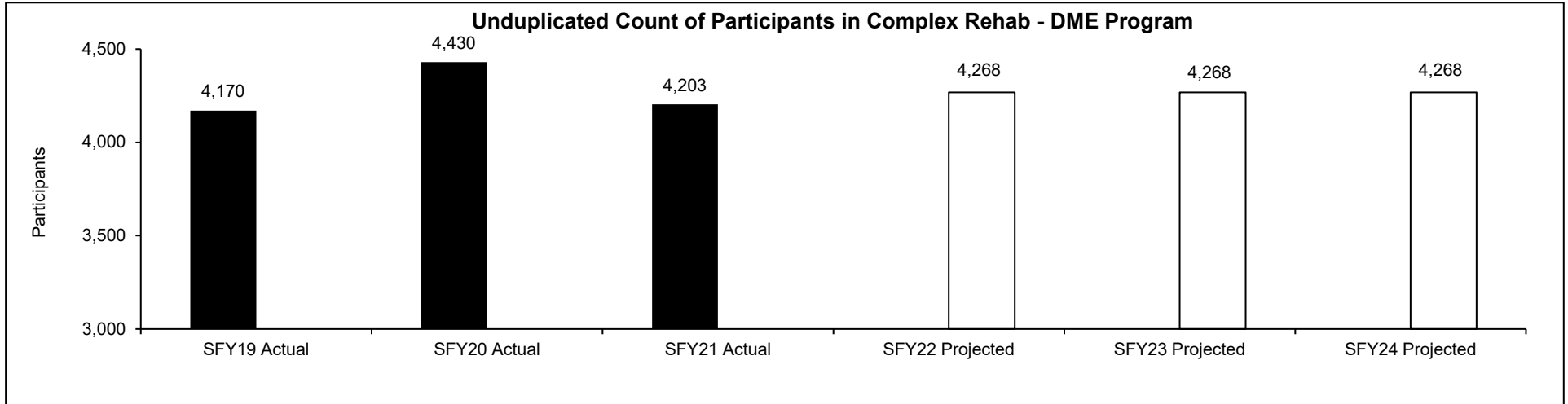
Department: Social Services

HB Section(s): 11.755

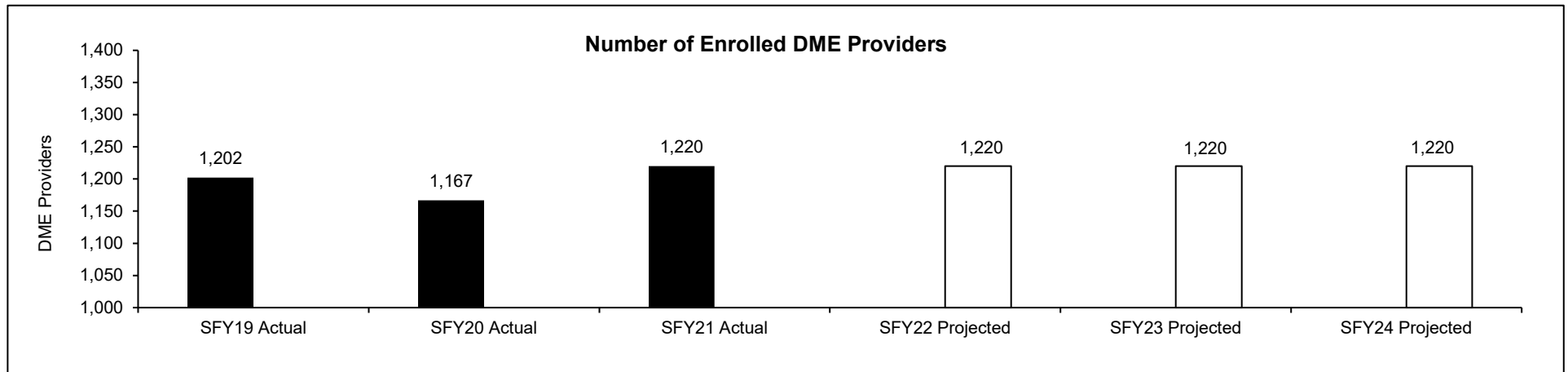
Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

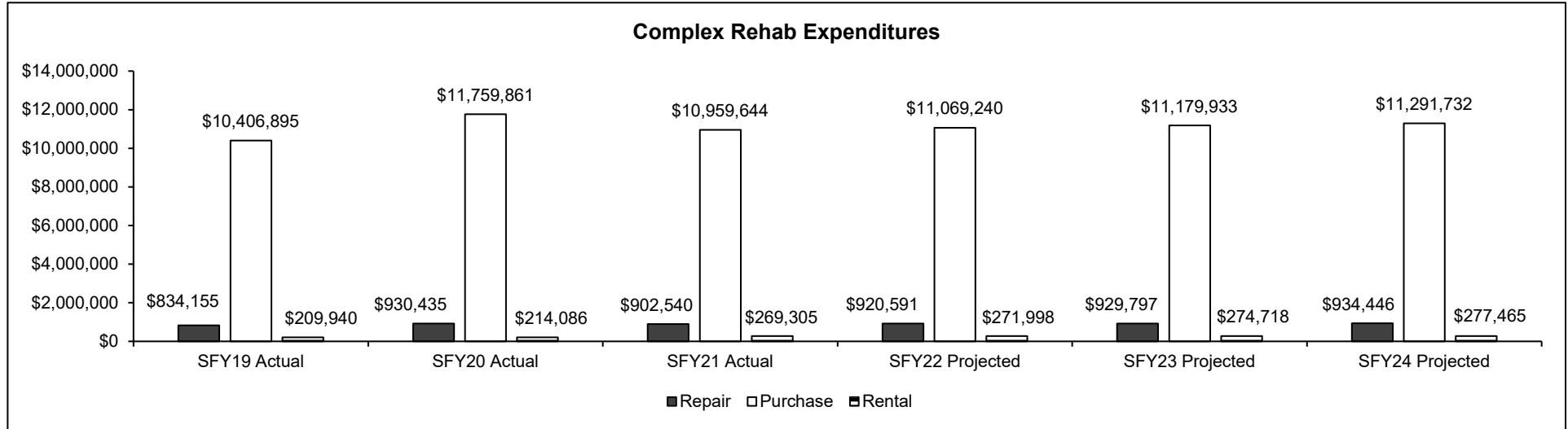
Department: Social Services

HB Section(s): 11.755

Program Name: Complex Rehab Technology

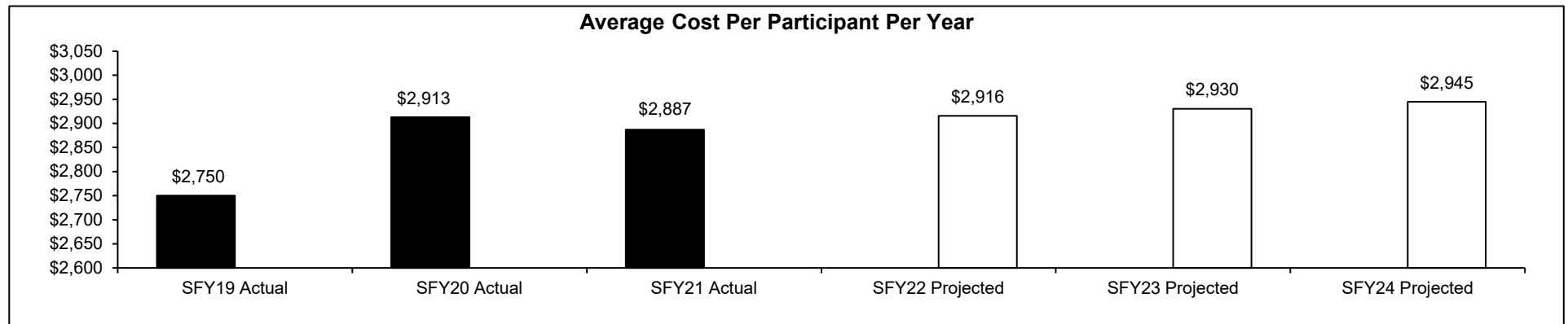
Program is found in the following core budget(s): Complex Rehab Technology

2c. Provide a measure(s) of the program's impact.



Includes Complex Rehab only; does not include regular DME services.

2d. Provide a measure(s) of the program's efficiency.



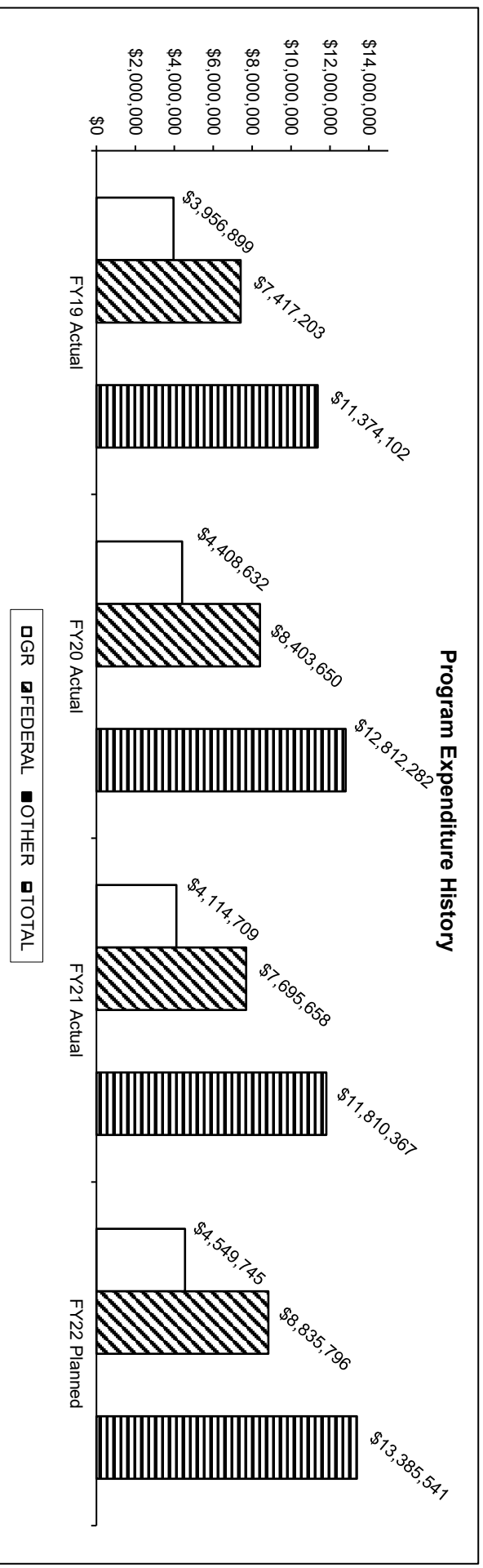
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.755

Program Name: Complex Rehab Technology
Program is found in the following core budget(s): Complex Rehab Technology

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o). Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults, but is mandatory for children.

Core - Managed Care

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C
HB Section: 11.760

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	418,378,476	1,321,749,140	257,607,913	1,997,735,529
TRF	0	0	0	0
Total	418,378,476	1,321,749,140	257,607,913	1,997,735,529
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

Health Initiatives Fund (HIF) (0275) - \$18,590,380
Federal Reimbursement Allowance Fund (FRA) (0142) - \$142,955,433
Life Sciences Research Trust Fund (0763) - \$26,697,272
Healthy Families Trust Fund (0625) - \$14,735,373
Ambulance Service Reimb Allowance Fund (0958) - \$2,204,607
Uncompensated Care Fund (0108) - \$33,848,436
Premium Fund (0885) - \$9,259,854
Intergovernmental Transfer Fund (0139) - \$9,316,558

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This funds the MO HealthNet Managed Care program to provide health care services to the MO HealthNet Managed Care population.

3. PROGRAM LISTING (list programs included in this core funding)

Managed Care

CORE DECISION ITEM

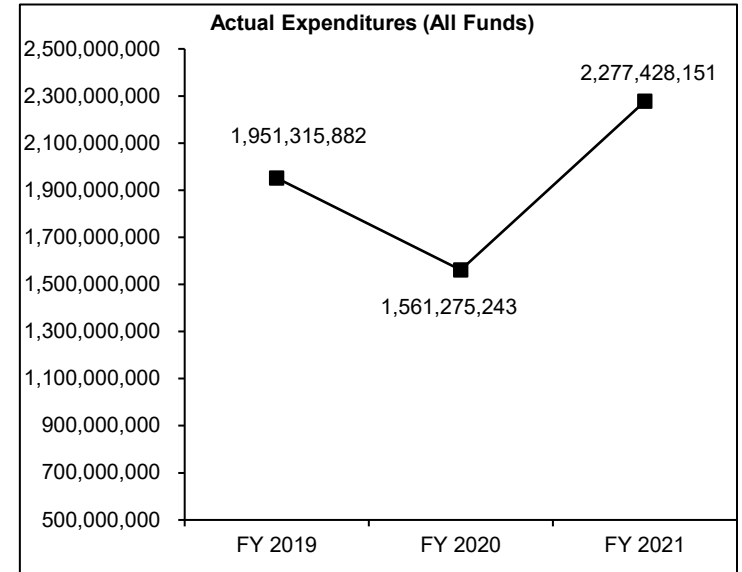
Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C

HB Section: 11.760

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	1,978,082,253	1,835,419,918	2,315,290,313	2,039,148,026
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,978,082,253	1,835,419,918	2,315,290,313	2,039,148,026
Actual Expenditures (All Funds)	1,951,315,882	1,561,275,243	2,277,428,151	N/A
Unexpended (All Funds)	26,766,371	274,144,675	37,862,162	N/A
Unexpended, by Fund:				
General Revenue	500,001	208,545,759	23,279,743	N/A
Federal	21,663,066	63,889,040	11,542,565	N/A
Other	4,603,304	1,709,876	3,109,854	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$24,340,130 GR and \$49,281,428 was used as flex to cover other program expenditures. \$500,000 was held in Agency Reserve in the General Revenue fund (0101) in the Postpartum SUD Appropriation (4806). \$809,685 was held in Agency Reserve in the Federal Fund (0163) in the Postpartum SUD Appropriation (4807). \$95,664 was held in Agency Reserve in the FRA fund (0142) in the Postpartum SUD Appropriation (4912). \$3,500,484 was held in Agency Reserve in the Healthy Families Trust Fund (0625) due to a lack of fund balance. \$1,684,682 was held in Agency Reserve in the Life Sciences Research Trust Fund (0763) due to a lack of fund balance.

(2) FY20 - \$97,711,000 GR and \$49,415,000 Fed was used as flex to cover other program expenditures. \$3,884,120 healthy families Trust fund (0625) was held in agency reserve.

(3) FY21 - \$73,497,865 GR and \$120,100,000 Fed was flexed in to cover program expenditures. \$29,908,260 GR and \$72,564,069 Fed was used as flex to cover other program expenditures. \$387,931 was held in Agency Reserve in the General Revenue fund (0101) in the Postpartum SUD Appropriation (4806). \$921,754 was held in Agency Reserve in the Federal Fund (0163) in the Postpartum SUD Appropriation (4807). \$8,095,664 of was held in agency reserve in the FRA fund(0142) for the Managed care (0198) and Postpartum SUD (4912) appropriations. \$302,257 was held in agency reserve in the AFRA fund (0958) for the Ground Ambulance Appropriation (8714).

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES MANAGED CARE

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	372,516,664	1,409,023,449	257,607,913	2,039,148,026	
			Total	0.00	372,516,664	1,409,023,449	257,607,913	2,039,148,026	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	1192	1784	PD	0.00	0	(176,339,864)	0	(176,339,864)	Reduction due to estimated lapse.
Core Reallocation	1282	1784	PD	0.00	0	19,268,853	0	19,268,853	Reallocation from Hospital for Behavioral Health Carve-In.
Core Reallocation	1282	1783	PD	0.00	9,921,956	0	0	9,921,956	Reallocation from Hospital for Behavioral Health Carve-In.
Core Reallocation	1284	1784	PD	0.00	0	60,234,519	0	60,234,519	Reallocation from Rehab & Specialty for Behavioral Health Carve-In.
Core Reallocation	1284	1783	PD	0.00	31,016,078	0	0	31,016,078	Reallocation from Rehab & Specialty for Behavioral Health Carve-In.
Core Reallocation	1288	1784	PD	0.00	0	10,047,007	0	10,047,007	Reallocation from CCBHO for Behavioral Health Carve-In.
Core Reallocation	1288	1783	PD	0.00	5,173,425	0	0	5,173,425	Reallocation from CCBHO for Behavioral Health Carve-In.
Core Reallocation	1289	1784	PD	0.00	0	1,454,474	0	1,454,474	Reallocation from Medicare parity payments.
Core Reallocation	1289	1783	PD	0.00	748,940	0	0	748,940	Reallocation from Medicare parity payments.
Core Reallocation	1290	4838	PD	0.00	0	(1,454,474)	0	(1,454,474)	Reallocating to Managed Care core appropriations.
Core Reallocation	1290	4837	PD	0.00	(748,940)	0	0	(748,940)	Reallocating to Managed Care core appropriations.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	1291	4838	PD		0.00	0	(484,824)	0	(484,824)	Reallocating to Physician core appropriations.
Core Reallocation	1291	4837	PD		0.00	(249,647)	0	0	(249,647)	Reallocating to Physician core appropriations.
NET DEPARTMENT CHANGES					0.00	45,861,812	(87,274,309)	0	(41,412,497)	
DEPARTMENT CORE REQUEST										
			PD		0.00	418,378,476	1,321,749,140	257,607,913	1,997,735,529	
Total					0.00	418,378,476	1,321,749,140	257,607,913	1,997,735,529	
GOVERNOR'S RECOMMENDED CORE										
			PD		0.00	418,378,476	1,321,749,140	257,607,913	1,997,735,529	
Total					0.00	418,378,476	1,321,749,140	257,607,913	1,997,735,529	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MANAGED CARE									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	502,104,327	0.00	372,516,664	0.00	418,378,476	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	241,011,270	0.00	241,011,270	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	1,490,219,955	0.00	1,168,012,179	0.00	1,080,737,870	0.00	0	0.00	
CHIP INCREASED ENHANCEMENT	18,750,000	0.00	0	0.00	0	0.00	0	0.00	
UNCOMPENSATED CARE FUND	33,848,436	0.00	33,848,436	0.00	33,848,436	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	9,316,558	0.00	9,316,558	0.00	9,316,558	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	142,859,769	0.00	142,955,433	0.00	142,955,433	0.00	0	0.00	
HEALTH INITIATIVES	21,590,380	0.00	18,590,380	0.00	18,590,380	0.00	0	0.00	
HEALTHY FAMILIES TRUST	22,883,390	0.00	14,735,373	0.00	14,735,373	0.00	0	0.00	
LIFE SCIENCES RESEARCH TRUST	27,790,024	0.00	26,697,272	0.00	26,697,272	0.00	0	0.00	
PREMIUM	6,300,000	0.00	9,259,854	0.00	9,259,854	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	1,765,312	0.00	2,204,607	0.00	2,204,607	0.00	0	0.00	
TOTAL - PD	2,277,428,151	0.00	2,039,148,026	0.00	1,997,735,529	0.00	0	0.00	
TOTAL	2,277,428,151	0.00	2,039,148,026	0.00	1,997,735,529	0.00	0	0.00	
MHD CTC - 1886029									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	130,912,811	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,560,850,139	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	46,759,701	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,738,522,651	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,738,522,651	0.00	0	0.00	
Managed Care (MC) Actuarial In - 1886030									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	58,457,766	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	173,929,981	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	232,387,747	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	232,387,747	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
Family First CTC - 1886011								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	28,984,224	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	9,571,467	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	38,555,691	0.00	0	0.00
TOTAL	0	0.00	0	0.00	38,555,691	0.00	0	0.00
GRAND TOTAL	\$2,277,428,151	0.00	\$2,039,148,026	0.00	\$4,007,201,618	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.760	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.760	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$102,472,329	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Pharmacy, Physician, Nursing Facilities, NEMT, Clawback, Premium payments, and Hospital.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
CORE								
PROGRAM DISTRIBUTIONS	2,277,428,151	0.00	2,039,148,026	0.00	1,997,735,529	0.00	0	0.00
TOTAL - PD	2,277,428,151	0.00	2,039,148,026	0.00	1,997,735,529	0.00	0	0.00
GRAND TOTAL	\$2,277,428,151	0.00	\$2,039,148,026	0.00	\$1,997,735,529	0.00	\$0	0.00
GENERAL REVENUE	\$502,104,327	0.00	\$372,516,664	0.00	\$418,378,476	0.00		0.00
FEDERAL FUNDS	\$1,508,969,955	0.00	\$1,409,023,449	0.00	\$1,321,749,140	0.00		0.00
OTHER FUNDS	\$266,353,869	0.00	\$257,607,913	0.00	\$257,607,913	0.00		0.00

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

The MO HealthNet Division operates a Health Maintenance Organization (HMO) style managed care program in which the state of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs)). The MO HealthNet Managed Care health plans provide health care services to enrollees and are paid a monthly capitation payment for each enrollee they serve. Federal Regulation 42 CFR 438-Managed Care and State Authority Section 208.166, RSMo, require capitation payments made on behalf of managed care participants to be actuarially sound. Therefore, MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. MO HealthNet Managed Care's objectives are to provide the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes while controlling costs.

As of May 1, 2017, statewide participation in MO HealthNet Managed Care is mandatory for the following MO HealthNet eligibility groups:

- MO HealthNet for Families - Adults and Children
- MO HealthNet for Children
- MO HealthNet for Pregnant Women
- Children's Health Insurance Program (CHIP)
- Children in state care and custody
- Show Me Healthy Babies Program (SMHB)

Those participants who receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), meet the SSI medical disability definition, children in state care and custody, or children who receive adoption subsidy benefits may stay in MO HealthNet Managed Care or may choose to "opt out" and receive services on a fee-for-service basis instead.

In MO HealthNet Managed Care, enrollees receive the majority of their services through the managed care benefit. Examples of services included in the capitation payment paid to health plans are: hospital; physician; emergency medical services; Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services; family planning services; dental; optical; audiology; personal care; tobacco cessation; and behavioral health services. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; transplants; school-based therapy; Department of Health and Senior Services newborn screening services; certain behavioral health services, including ICF/ID; community psychiatric rehabilitation services; Comprehensive Substance Treatment and Rehabilitation (CSTAR) services; and behavioral health services for children in the care and custody of the state.

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

The MO HealthNet Managed Care program is subject to an approved CHIP State Plan and an approved federal 1915(b) waiver. An independent evaluation of the MO HealthNet Managed Care program is required by the Centers for Medicare and Medicaid Services (CMS) with respect to access to care and quality of services. At the end of the waiver period or at prescribed intervals within the waiver period, the state must demonstrate that their waiver cost projections and budget neutrality projections are reasonable and consistent with statute, regulation and guidance.

Along with quality assessment, monitoring MO HealthNet Managed Care health plan compliance with contractual requirements is a primary method to measure whether the goals of managed care are being met. Contractual compliance monitoring begins with the issuance of the Request for Proposal (RFP) and continues throughout the contract. Contract compliance is measured through a variety of methods. The MO HealthNet Division has a relationship with the Missouri Department of Commerce and Insurance to analyze MO HealthNet Managed Care health plan provider networks in accordance with 20 CSR 400-7.095 to ensure that the network is adequate to meet the needs of enrollees.

Managed Care quality is monitored, evaluated, and improved on a continuous basis through the following tools and processes:

- Healthcare Effectiveness Data Information Set (HEDIS) measures are tracked for each health plan and compared to statewide and national averages to assess Missouri's performance on key healthcare quality benchmarks.
- National Committee for Quality Assurance (NCQA) accreditation is required for each Managed Care plan.
- Performance Withhold Program encourages quality improvement by setting aside a portion of capitation payments made to health plans, which the health plans must earn back by meeting or exceeding performance targets.

Year	Actuarial Rate Increase
FY 2022	\$0.00
FY 2021	\$61,757,537
FY 2020	\$136,699,908
FY 2019	\$35,579,257
FY 2018	\$20,403,308
FY 2017	\$21,266,346
FY 2016	\$11,192,155
FY 2015	\$54,573,006

PROGRAM DESCRIPTION

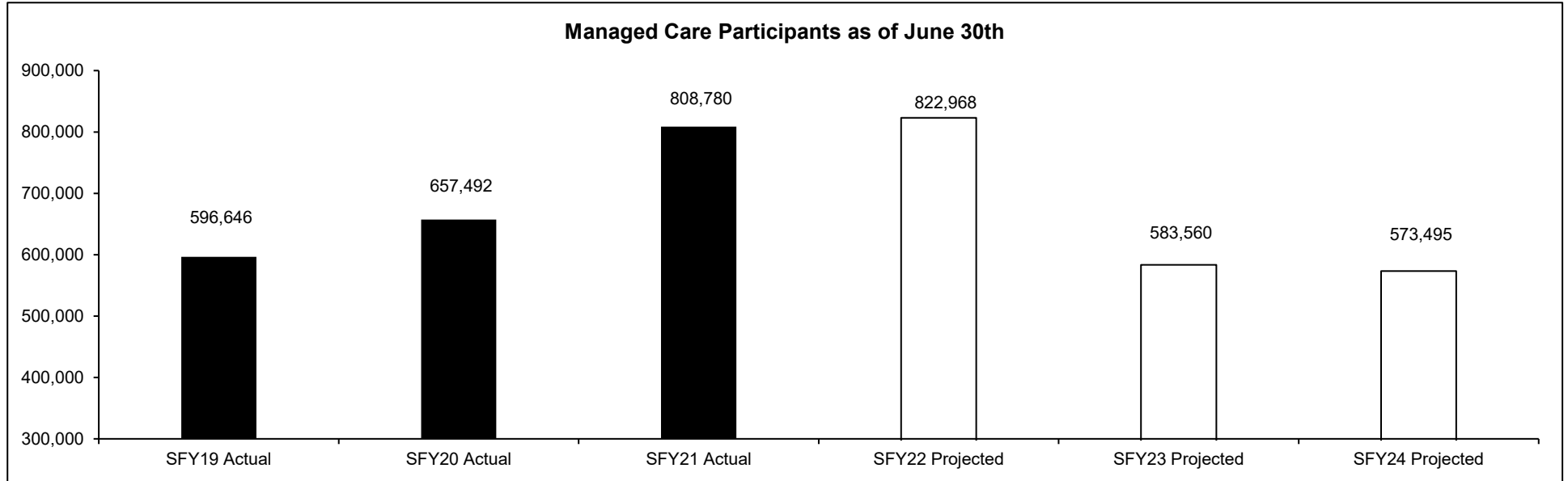
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total managed care participants enrolled as of the close of FY 2021.

Note 2: Managed Care enrollment drastically increased in SFY21 due to eligibility not being terminated during the COVID-19 pandemic. Once eligibility requirements are restored, we anticipate enrollment to decline before leveling out.

PROGRAM DESCRIPTION

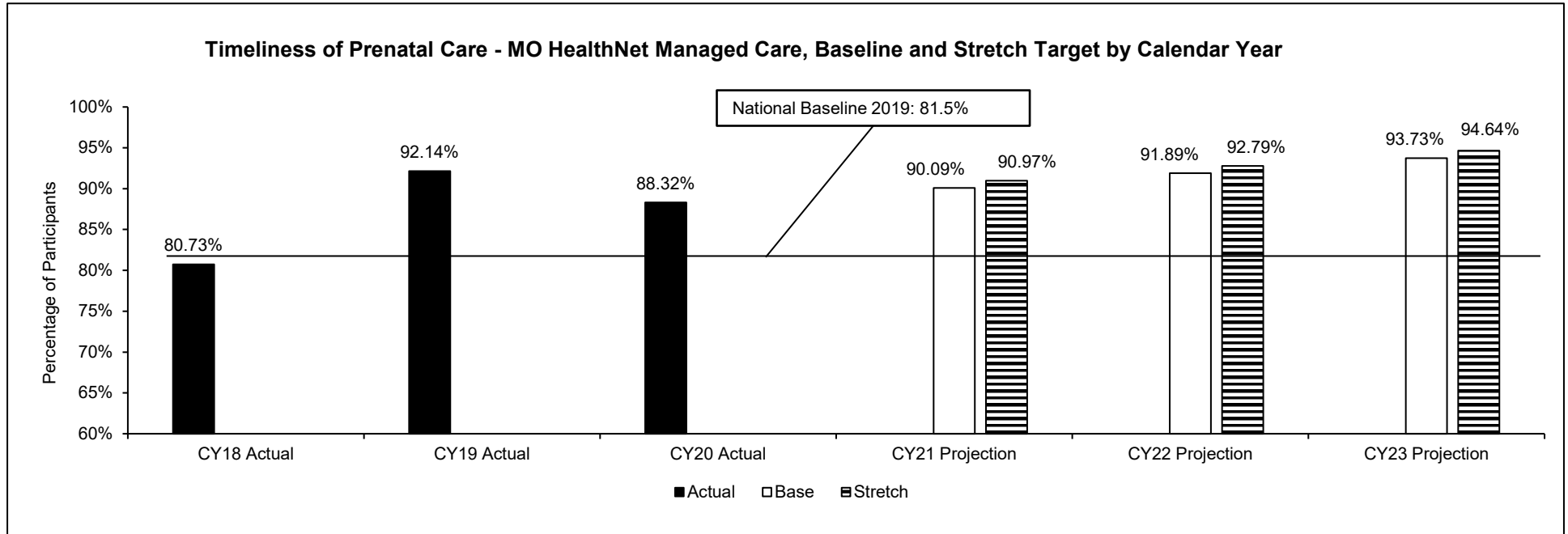
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2b. Provide a measure(s) of the program's quality.



Note 1: Chart depicts the percentage of deliveries that received a prenatal care visit as a member in the first trimester. Preventive visits increase cost effectiveness through avoiding expensive health care costs. Prenatal care is important for preventing adverse birth outcomes, expensive hospitalizations, and costs associated with long-term disabilities.

Note 2: This is a HEDIS measure, which are standardized measures that allow for routine assessment and continual improvement in the quality of health care.

Note 3: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

Department: Department of Social Services

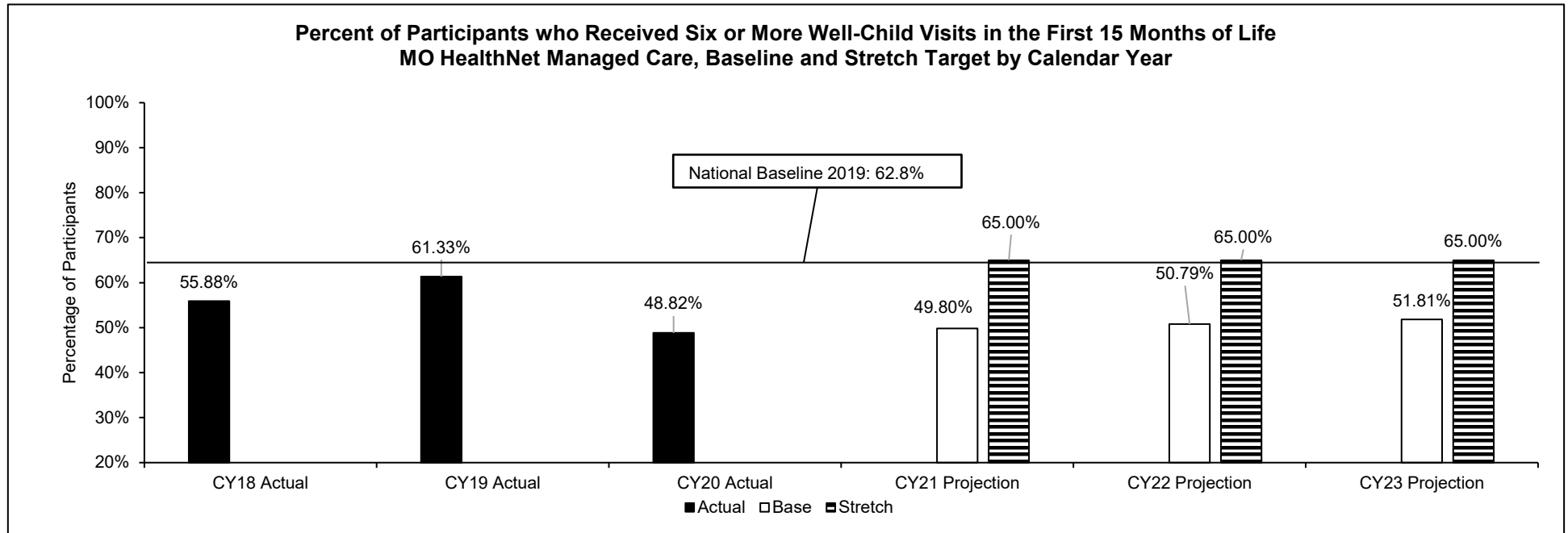
HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2c. Provide a measure(s) of the program's impact.

Increase the percentage of participants who receive six or more well-child visits in the first 15 months of life.



Note 1: Chart depicts the percentage of participants who receive six or more well-child visits in the first 15 months of life. The decrease in CY20 is due to the PHE.

Note 2: Base is a 2% increase from the prior CY Actual. Stretch goal is to be above the National Baseline for child well-being visits.

PROGRAM DESCRIPTION

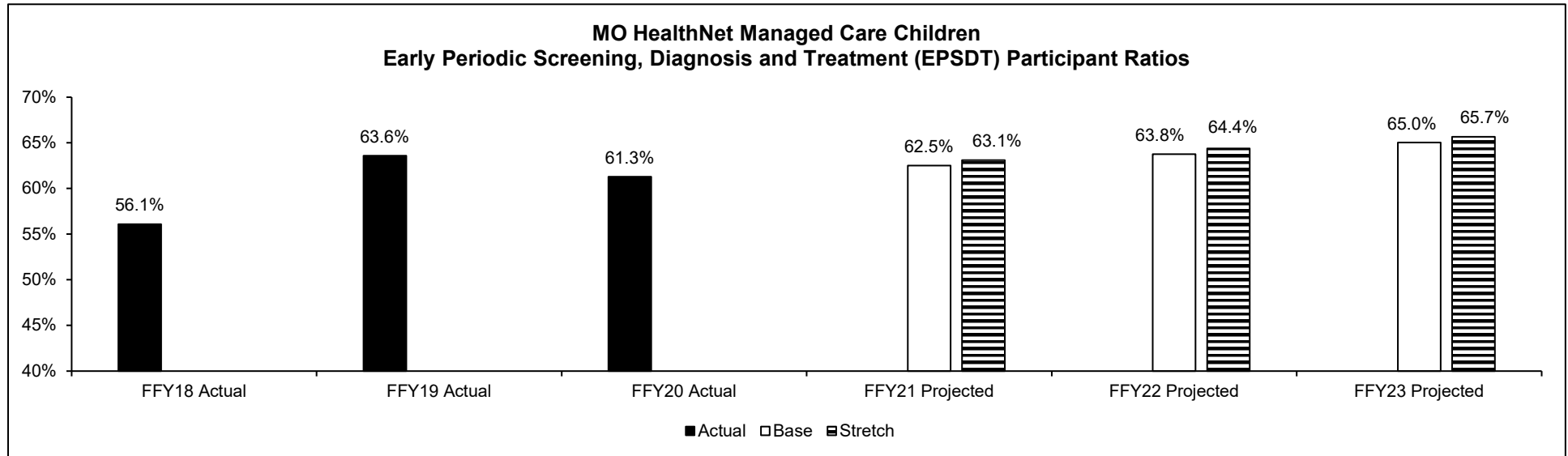
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2d. Provide a measure(s) of the program's efficiency.



Note 1: Chart depicts the ratio of participants that received at least one initial or periodic screening. Measure relates to eligible children and youth under the age of 21 years.

Note 2: Program measure provides early and periodic medical/dental screenings, diagnosis and treatment to keep children healthy and prevent illness or disability.

Note 3: Data is reported on a Federal Fiscal Year (FFY) basis to CMS. Base is a 2% increase from the prior FFY Actual. Stretch is a 3% increase from the prior FFY Actual.

Note 4: FFY21 data is not available until February 2022.

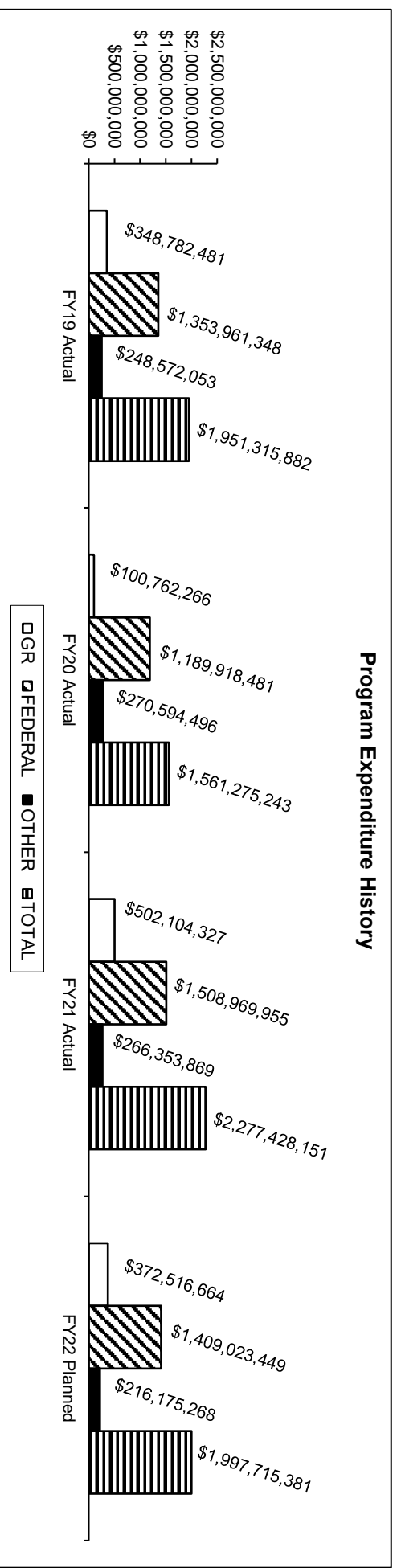
PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care
Program is found in the following core budget(s): Managed Care

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2022 expenditures are net of reserves.

4. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142), Mo HealthNet Managed Care Org Fund (0160), Health Initiatives Fund (0275), Healthy Families Trust (0625), Life Sciences Research Trust Fund (0763), Ambulance Service Reimbursement Fund (0958), Uncompensated Care (0108), Premium Fund (0885), Pharmacy Rebates (0114), and Pharmacy Reimbursement Allowance (0144).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.166, RSMo. Federal law: Social Security Act Sections 1902(a)(4), 1903(m), 1915(b), 1932. Federal Regulations: 42 CFR 438 and 412.106.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%. Missouri's state matching requirement for enhanced CHIP FMAP is around 24% and the federal match is around 76%.

7. Is this a federally mandated program? If yes, please explain.

MO HealthNet Managed Care covers most services available to fee-for-service participants. As such, both mandatory and non-mandatory services are included. Services not included in MO HealthNet Managed Care are available on a fee-for-service basis as specified in the FFS cores.

Core - Hospital Care

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.765

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	215,000	215,000	430,000
PSD	36,975,411	385,950,393	162,797,446	585,723,250
TRF	0	0	0	0
Total	36,975,411	386,165,393	163,012,446	586,153,250
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Federal Reimbursement Allowance Fund (FRA) (0142) - \$132,631,293
Pharmacy Reimbursement Allowance (0144) - \$15,709
Healthy Families Trust (0625) - \$30,365,444

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item provides funding to reimburse hospitals for services provided to fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Inpatient and Outpatient hospital services

CORE DECISION ITEM

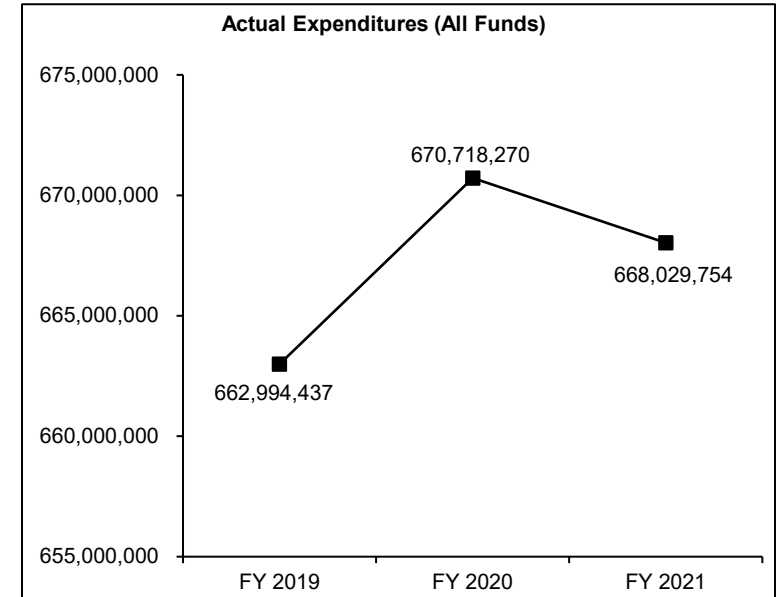
Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.765

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	663,066,333	679,505,686	679,513,708	615,344,059
Less Reverted (All Funds)	0	(12,000)	0	0
Less Restricted (All Funds)*	0	0	0	0
Budget Authority (All Funds)	663,066,333	679,493,686	679,513,708	615,344,059
Actual Expenditures (All Funds)	662,994,437	670,718,270	668,029,754	N/A
Unexpended (All Funds)	71,896	8,775,416	11,483,954	N/A
Unexpended, by Fund:				
General Revenue	1	6,818,233	3,111,127	N/A
Federal	35,948	1,761,017	5,719,084	N/A
Other	35,947	196,166	2,653,743	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$6,743,308 GR and \$8,431,975 Fed was flexed in to cover program expenditures.

(2) FY20 - \$18,000,000 GR and \$19,800,000 Fed was flexed in to cover program expenditures.

(3) FY21 - \$5,600,000 GR and \$39,306,933 Fed was flexed in to cover program expenditures. \$4,200,000 GR and \$32,800,000 Fed was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HOSPITAL CARE**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				EE	0.00	0	215,000	215,000	430,000	
				PD	0.00	46,897,367	405,219,246	162,797,446	614,914,059	
				Total	0.00	46,897,367	405,434,246	163,012,446	615,344,059	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	1278 6471		PD		0.00	0	(19,268,853)	0	(19,268,853)	Reallocating to Managed Care for Behavioral Health Carve-In.
Core Reallocation	1278 1432		PD		0.00	(9,921,956)	0	0	(9,921,956)	Reallocating to Managed Care for Behavioral Health Carve-In.
NET DEPARTMENT CHANGES					0.00	(9,921,956)	(19,268,853)	0	(29,190,809)	
DEPARTMENT CORE REQUEST										
				EE	0.00	0	215,000	215,000	430,000	
				PD	0.00	36,975,411	385,950,393	162,797,446	585,723,250	
				Total	0.00	36,975,411	386,165,393	163,012,446	586,153,250	
GOVERNOR'S RECOMMENDED CORE										
				EE	0.00	0	215,000	215,000	430,000	
				PD	0.00	36,975,411	385,950,393	162,797,446	585,723,250	
				Total	0.00	36,975,411	386,165,393	163,012,446	586,153,250	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HOSPITAL CARE									
CORE									
EXPENSE & EQUIPMENT									
TITLE XIX-FEDERAL AND OTHER	178,573	0.00	215,000	0.00	215,000	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	178,573	0.00	215,000	0.00	215,000	0.00	0	0.00	
TOTAL - EE	357,146	0.00	430,000	0.00	430,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	56,981,648	0.00	46,897,367	0.00	36,975,411	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	430,065,643	0.00	405,219,246	0.00	385,950,393	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	140,292,989	0.00	132,416,293	0.00	132,416,293	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	15,709	0.00	15,709	0.00	15,709	0.00	0	0.00	
HEALTHY FAMILIES TRUST	40,316,619	0.00	30,365,444	0.00	30,365,444	0.00	0	0.00	
TOTAL - PD	667,672,608	0.00	614,914,059	0.00	585,723,250	0.00	0	0.00	
TOTAL	668,029,754	0.00	615,344,059	0.00	586,153,250	0.00	0	0.00	
MHD CTC - 1886029									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	8,532,106	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,788,124	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	12,320,230	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	12,320,230	0.00	0	0.00	
GRAND TOTAL	\$668,029,754	0.00	\$615,344,059	0.00	\$598,473,480	0.00	\$0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.765	DEPARTMENT: Social Services DIVISION: MO HealthNet	
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.		
Department Request		
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), and 11.765 (Hospital Care).		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.		
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.	Up to .25% flexibility will be used.
3. Please explain how flexibility was used in the prior and/or current years.		
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE	
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.765	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$37,000,000	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care and Rehab Specialty Services.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
CORE								
PROFESSIONAL SERVICES	357,146	0.00	430,000	0.00	430,000	0.00	0	0.00
TOTAL - EE	357,146	0.00	430,000	0.00	430,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	667,672,608	0.00	614,914,059	0.00	585,723,250	0.00	0	0.00
TOTAL - PD	667,672,608	0.00	614,914,059	0.00	585,723,250	0.00	0	0.00
GRAND TOTAL	\$668,029,754	0.00	\$615,344,059	0.00	\$586,153,250	0.00	\$0	0.00
GENERAL REVENUE	\$56,981,648	0.00	\$46,897,367	0.00	\$36,975,411	0.00		0.00
FEDERAL FUNDS	\$430,244,216	0.00	\$405,434,246	0.00	\$386,165,393	0.00		0.00
OTHER FUNDS	\$180,803,890	0.00	\$163,012,446	0.00	\$163,012,446	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

1a. What strategic priority does this program address?

Provide accessible, quality hospital care and ensure appropriate utilization

1b. What does this program do?

The MO HealthNet Division (MHD) reimburses for inpatient and outpatient hospital services for fee-for-service participants. These services are mandatory Medicaid-covered services and are provided statewide. Inpatient hospital services are medical services provided in a hospital acute or psychiatric care setting for the care and treatment of MO HealthNet participants. Outpatient hospital services include preventive, diagnostic, emergency, therapeutic, rehabilitative, or palliative services provided in an outpatient setting.

A full list of Missouri's 165 licensed hospitals can be found on the Department of Health and Senior Services website at:

<https://health.mo.gov/safety/healthservregs/directories.php>.

Reimbursement Methodology

Inpatient Services

Reimbursement for inpatient hospital stays, also known as a "per diem rate," is determined by a prospective reimbursement plan. The Missouri state plan provides for an inpatient hospital reimbursement rate based on the 1995 cost report. Total reimbursement is calculated based upon an individual participant's inpatient length of stay. To determine an inpatient length of stay, MO HealthNet calculates the lesser of:

- The number of days certified as medically necessary by MHD's authorized utilization review agent
- The number of days billed by the provider for the participant's length of stay
- The number of days allowed for any diagnosis not subject to review and certification by the utilization review agent. (Such diagnoses can be found on MHD's website at: <http://dss.mo.gov/mhd/providers/pdf/exempt-diagnosis-table.pdf>)

A hospital is eligible for an inpatient rate reconsideration to increase their per diem rate if it meets prescribed requirements concerning new or expanded inpatient services.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

Outpatient Services

Outpatient services, excluding certain diagnostic laboratory procedures, radiology procedures, surgical procedures and drugs are paid on a prospective outpatient reimbursement methodology.

- The prospective outpatient payment percentage is calculated using the MO HealthNet overall outpatient cost-to-charge ratio from the fourth, fifth, and sixth prior year cost reports regressed to the current state fiscal year
- The prospective outpatient payment percentage cannot exceed 100% and cannot be less than 20%
- New MO HealthNet providers that do not have fourth, fifth, and sixth prior year cost reports are set at 75% for the first three fiscal years in which the hospital operates and will have a cost settlement calculated for these three years
- The weighted average prospective outpatient rate for out-of-state hospitals is 27% for FY 2022

Hospitals may also receive reimbursement using funding from the Federal Reimbursement Allowance (FRA) program. The FRA program is a funding source for, but not limited to, inpatient and outpatient services. For a more detailed description of the FRA program, see the FRA program description.

MHD is changing the reimbursement methodology for Outpatient Hospitals services, effective 7/20/2021 all outpatient hospital services will be paid from a fee schedule.

PROGRAM DESCRIPTION

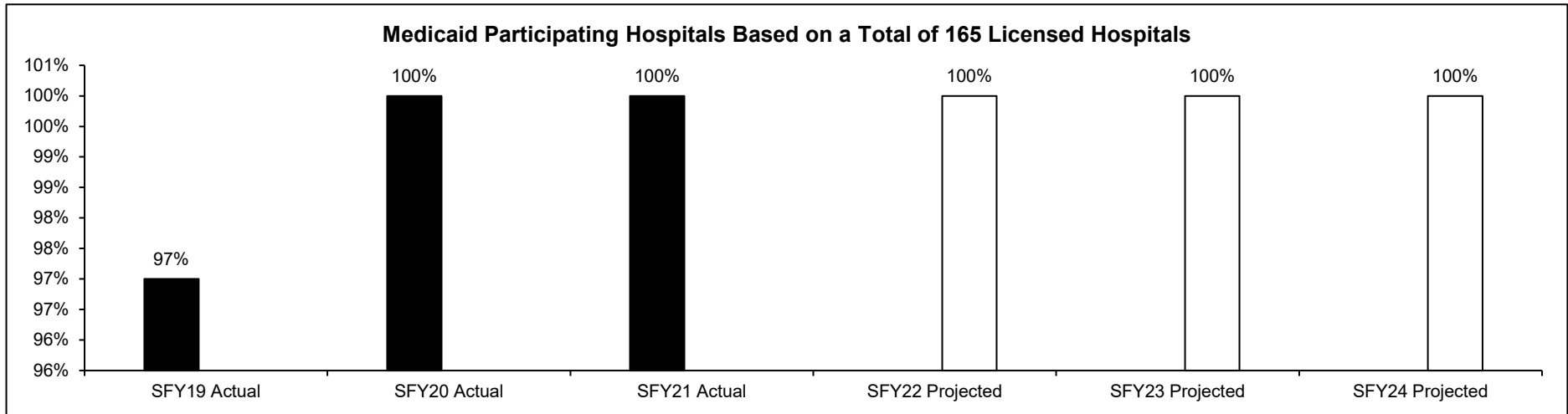
Department: Social Services

HB Section(s): 11.765

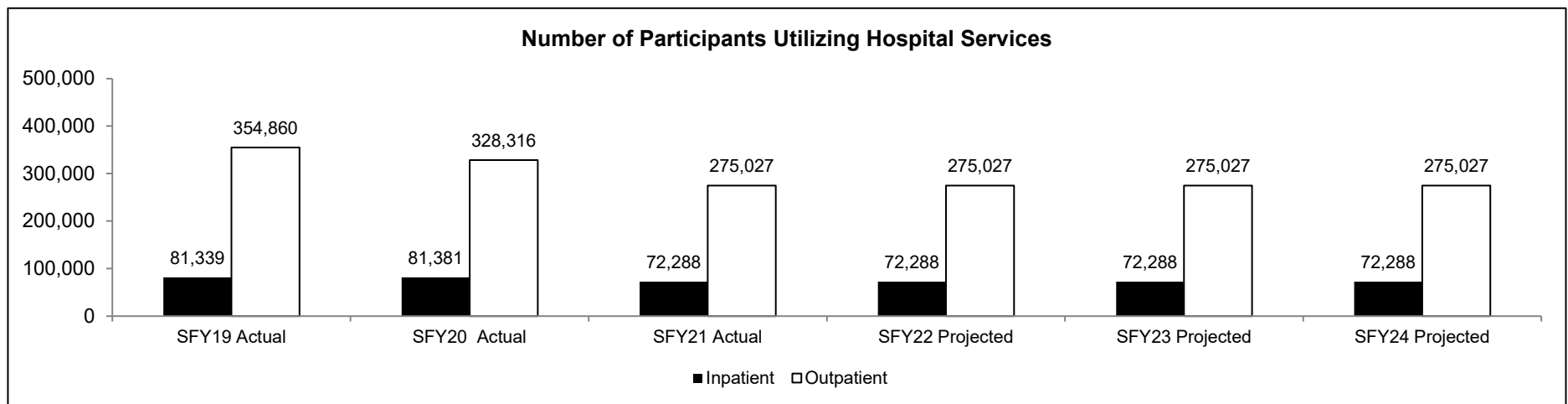
Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2a. Provide an activity measure(s) for the program.



Note: The number of licensed hospitals includes separate licensing for hospitals with multiple sites.



Future projections are based on eligibility requirements as of 7/1/21.

PROGRAM DESCRIPTION

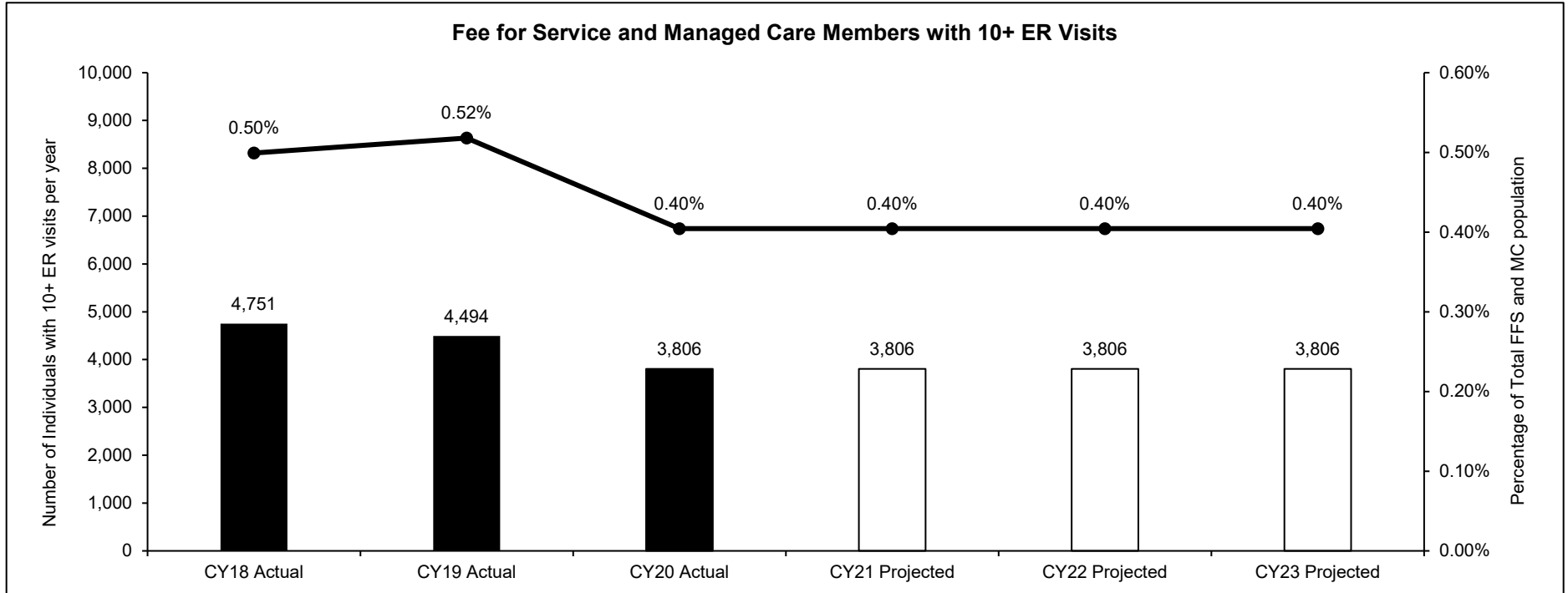
Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2b. Provide a measure(s) of the program's quality.



Note: The drop in CY20 utilization is assumed to be due to COVID therefore CY21 - CY23 projections are static.

PROGRAM DESCRIPTION

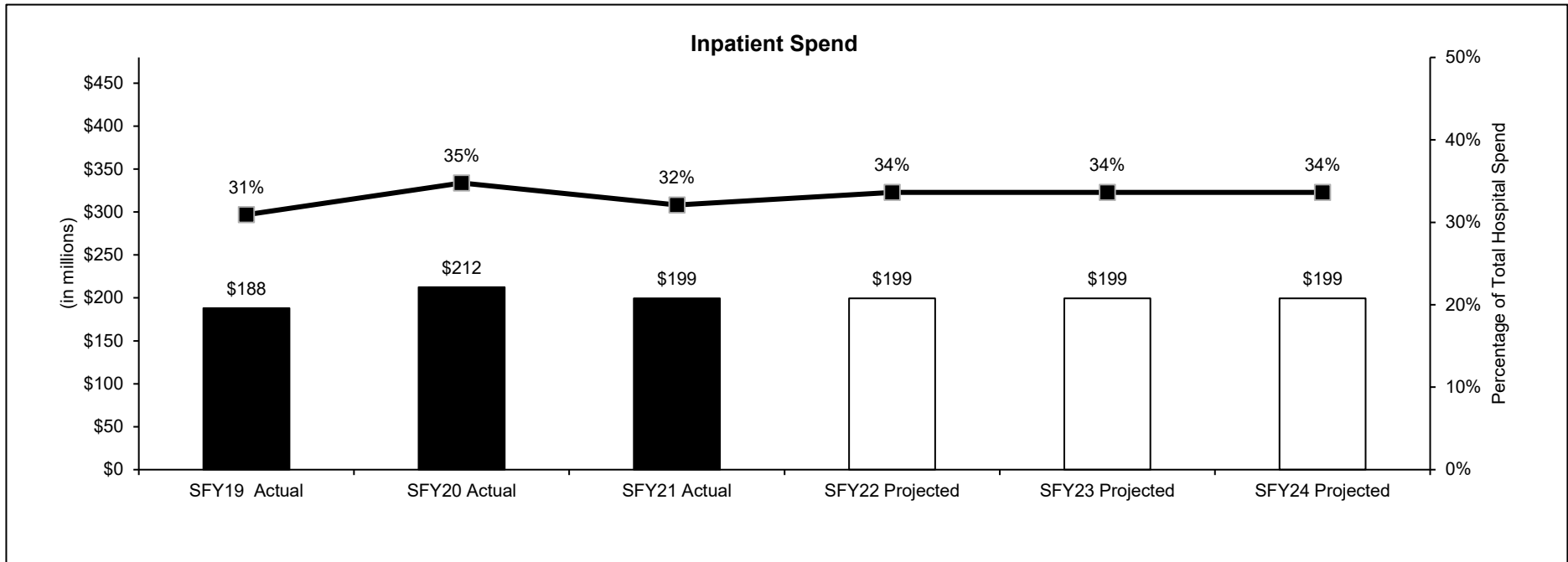
Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2c. Provide a measure(s) of the program's impact.



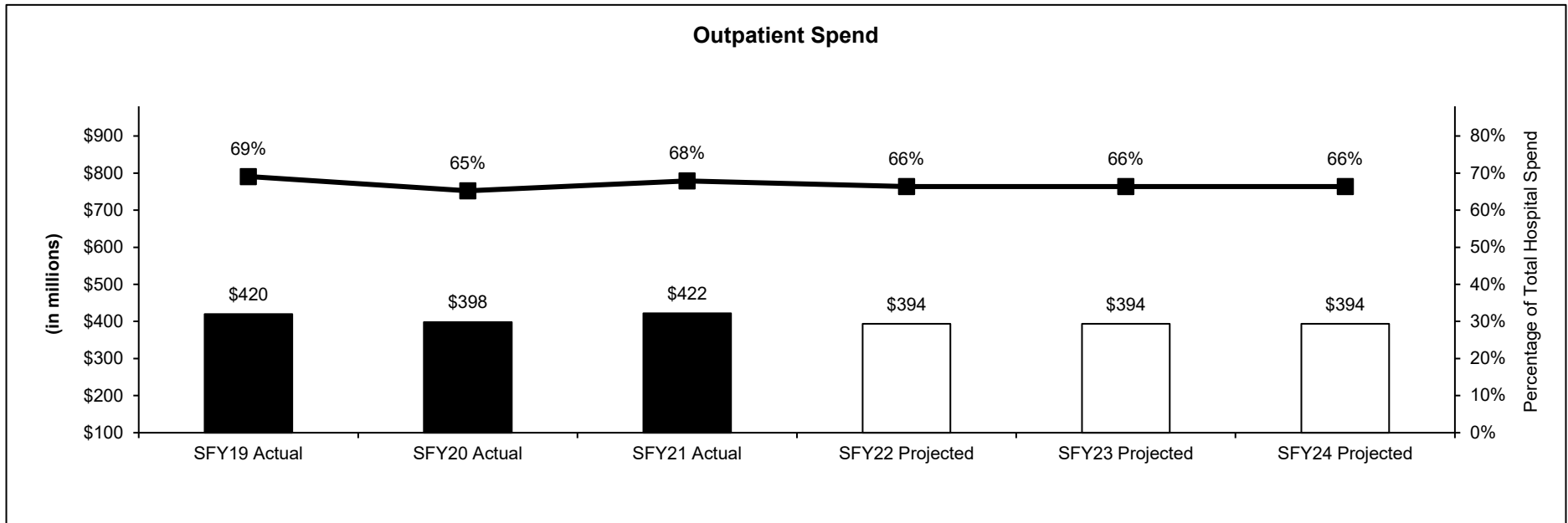
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care



Effective 07/20/2021 all outpatient hospital services will be paid from a fee schedule.

Target: Improve outpatient reimbursement payment policies and priorities by aligning outpatient reimbursement methodology with other payers by adopting a simplified fee schedule. Eighteen state Medicaid programs currently pay based on a simplified fee schedule. Twenty one state Medicaid programs have adopted or plan to adopt the Medicare Ambulatory Payment Classification (APC) or Enhanced Ambulatory Patient Grouping System (EAPG) outpatient reimbursement methodologies. Only twelve states rely primarily on cost reimbursement (interim rate or percent of charges).

PROGRAM DESCRIPTION

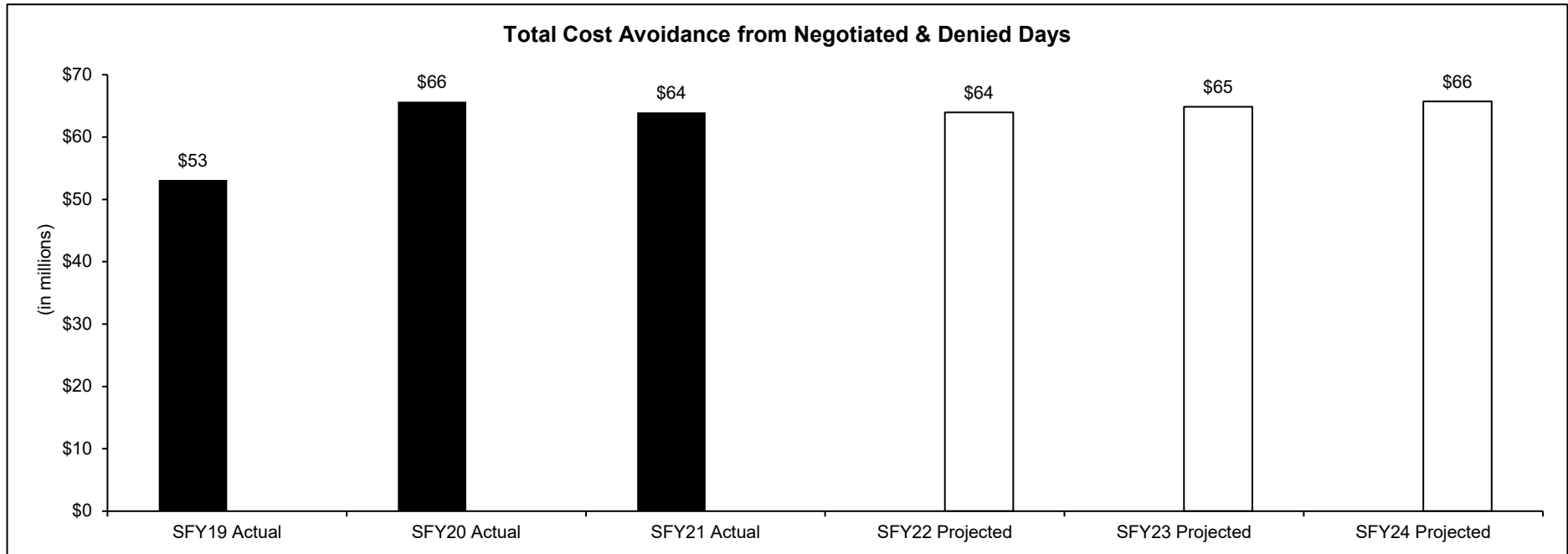
Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2d. Provide a measure(s) of the program's efficiency.



Note: The number of inpatient days are negotiated or denied based on clinical review.

Target: Increase cost avoidance by continuing to avoid unnecessary inpatient admissions or lengths of stay.

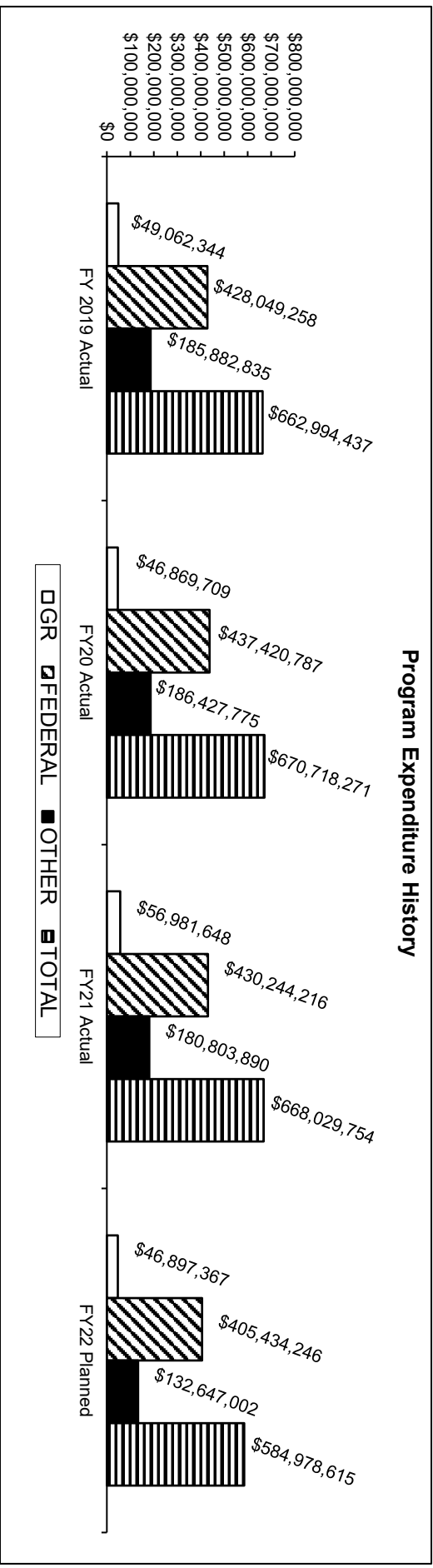
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care
Program is found in the following core budget(s): Hospital Care

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2022 expenditures are net reserves.

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142), and Pharmacy Reimbursement Allowance Fund (0144)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo;
Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);
Federal regulations: 42 CFR 440.10 and 440.20

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

**Core - Physicians
Payments for
Safety Net Hospitals**

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C
HB Section: 11.770

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	16,113,590	209,202	16,322,792
TRF	0	0	0	0
Total	0	16,113,590	209,202	16,322,792
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Intergovernmental Transfer Fund (0139) - \$209,202

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

Safety net hospitals are critical providers of care to the Medicaid and uninsured populations, and must be able to attract and maintain a sufficient supply of qualified physicians in order to provide quality services. This item funds enhanced physician payments to Truman Medical Center and University of Missouri-Kansas City.

3. PROGRAM LISTING (list programs included in this core funding)

Physician Payments for Safety Net

CORE DECISION ITEM

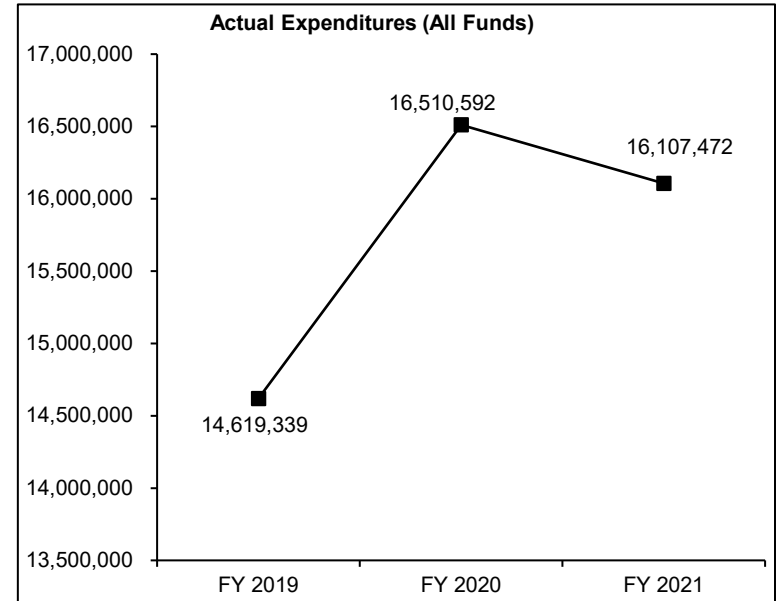
Department: Social Services
Division: MO HealthNet
Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C

HB Section: 11.770

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	15,722,792	16,922,792	16,322,792	16,322,792
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	15,722,792	16,922,792	16,322,792	16,322,792
Actual Expenditures (All Funds)	14,619,339	16,510,592	16,107,472	N/A
Unexpended (All Funds)	1,103,453	412,200	215,320	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	1,103,453	0	6,118	N/A
Other	0	412,200	209,202	N/A



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN PAYMENTS SAFETY NET**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	0	16,113,590	209,202	16,322,792	
	Total	0.00	0	16,113,590	209,202	16,322,792	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	0	16,113,590	209,202	16,322,792	
	Total	0.00	0	16,113,590	209,202	16,322,792	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	16,113,590	209,202	16,322,792	
	Total	0.00	0	16,113,590	209,202	16,322,792	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	16,107,472	0.00	16,113,590	0.00	16,113,590	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	0	0.00	209,202	0.00	209,202	0.00	0	0.00
TOTAL - PD	16,107,472	0.00	16,322,792	0.00	16,322,792	0.00	0	0.00
TOTAL	16,107,472	0.00	16,322,792	0.00	16,322,792	0.00	0	0.00
GRAND TOTAL	\$16,107,472	0.00	\$16,322,792	0.00	\$16,322,792	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM DISTRIBUTIONS	16,107,472	0.00	16,322,792	0.00	16,322,792	0.00	0	0.00
TOTAL - PD	16,107,472	0.00	16,322,792	0.00	16,322,792	0.00	0	0.00
GRAND TOTAL	\$16,107,472	0.00	\$16,322,792	0.00	\$16,322,792	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$16,107,472	0.00	\$16,113,590	0.00	\$16,113,590	0.00		0.00
OTHER FUNDS	\$0	0.00	\$209,202	0.00	\$209,202	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.770

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

1a. What strategic priority does this program address?

Attract and maintain quality physicians

1b. What does this program do?

This program provides enhanced physician reimbursement payments for services provided to MO HealthNet participants by certain hospitals designated as safety net hospitals. Services provided by physicians, dentists, podiatrists, nurse practitioners, physician assistants, nurse midwives, optometrists, audiologists, psychologists, and certified registered nurse anesthetists/anesthesiologist assistants not employed by the state who are actively engaged in the training of physicians when the training takes place in a safety net hospital are also eligible for enhanced physician payments. There are two entities that currently qualify as safety net hospitals--1) Truman Medical Center and 2) University of Missouri Kansas City. This program was established in July 2001 to provide a mechanism to fund enhanced payments to these safety net hospitals who traditionally see a high volume of Medicaid and uninsured patients.

Reimbursement Methodology

Enhanced physician payments are made in addition to the amount established under the MO HealthNet fee schedule. The additional payment is equal to the lower of the difference between the MO HealthNet allowable reimbursement for the service and 1) the Medicare allowable reimbursement or 2) the provider's actual charge for the service. In addition to the reimbursement methodology above, Truman Medical Center also receives an enhanced payment equal to the difference between the Medicaid allowable reimbursement for the service and the Medicare equivalent of the average commercial rate of the top three commercial payers for the service.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(6)(B):

- Offer non-emergency obstetric services; and
- Have a Medicaid inpatient utilization rate above the state's mean or a low-income utilization rate greater than 25%; and
- Operate less than 50 licensed inpatient beds and have an unsponsored care ratio of at least 65%; or
- Operate at least 50 licensed inpatient beds, have an unsponsored care ratio of at least 65%, and an occupancy rate greater than 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by Department of Mental Health.

This program is exempt from performance measures as it is payments to safety net hospitals.

PROGRAM DESCRIPTION

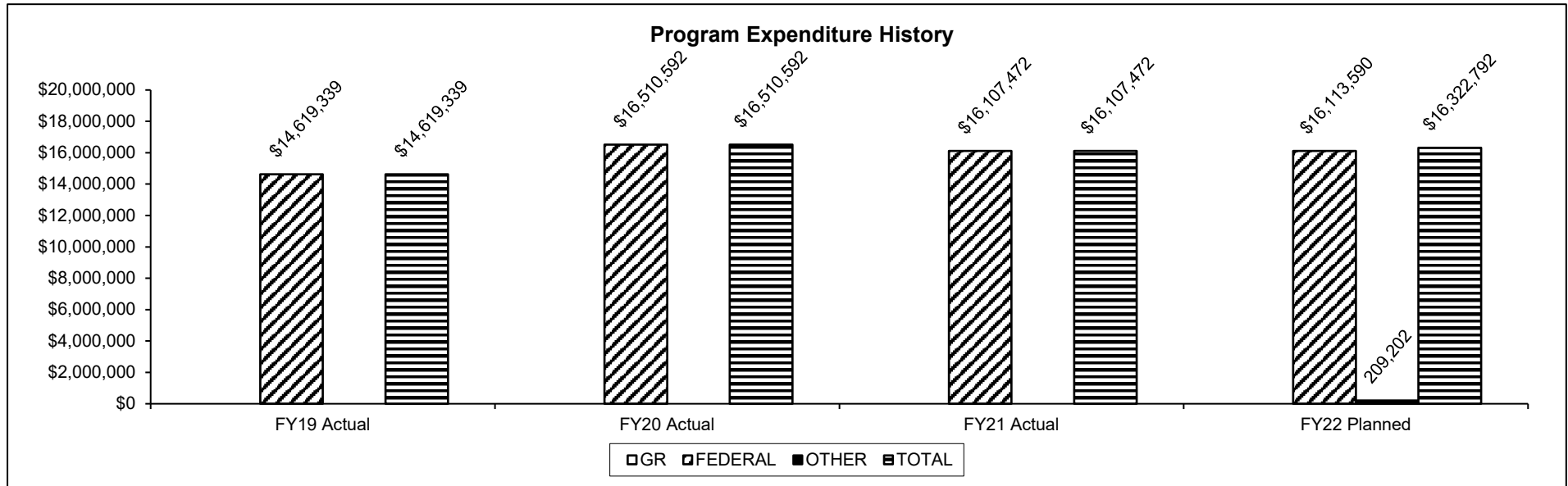
Department: Social Services

HB Section(s): 11.770

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f). Federal regulations: 42 CFR 440.10 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - FQHC Distribution

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Federally Qualified Health Centers (FQHC)

Budget Unit: 90559C, 90513C, 90595C

HB Section: 11.775 / 11.780

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	529,796	568,625	0	1,098,421
PSD	3,676,377	5,226,090	0	8,902,467
TRF	0	0	0	0
Total	4,206,173	5,794,715	0	10,000,888
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Federally Qualified Health Centers (FQHC) Distribution
Women & Minority Outreach
Technical Assistance Contracts

CORE DECISION ITEM

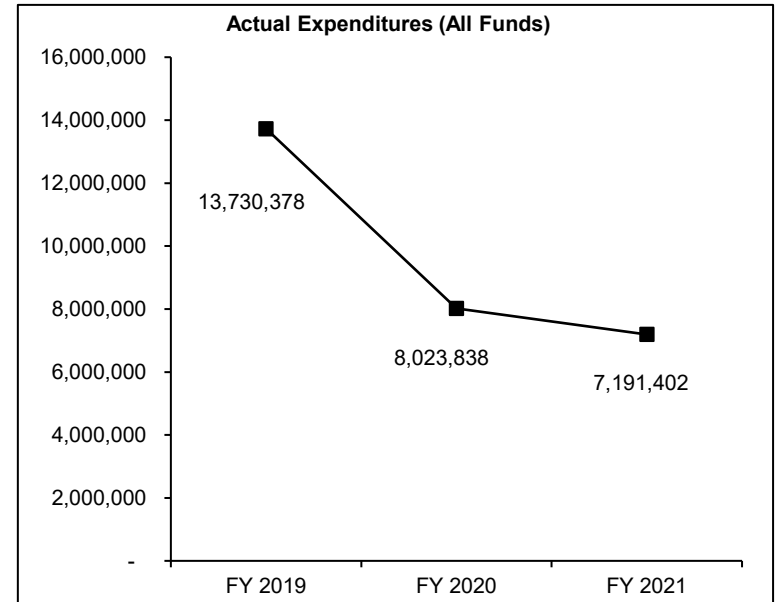
Department: Social Services
Division: MO HealthNet
Core: Federally Qualified Health Centers (FQHC)

Budget Unit: 90559C, 90513C, 90595C

HB Section: 11.775 / 11.780

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	14,231,783	10,000,888	10,000,888	12,000,888
Less Reverted (All Funds)	(207,472)	(128,066)	(127,671)	(156,185)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	14,024,311	9,872,822	9,873,217	11,844,703
Actual Expenditures (All Funds)	13,730,378	8,023,838	7,191,402	N/A
Unexpended (All Funds)	293,933	1,848,984	2,681,815	N/A
Unexpended, by Fund:				
General Revenue	44,754	156,937	407,306	N/A
Federal	249,179	1,692,047	2,274,509	N/A
Other	0	0	0	N/A
	(1)	(2)		



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

(1) FY19 - Includes totals for the Women and Minority Outreach program (formerly HB 11.410)

(2) FY20 - Moved PMPM for MPCA (PMP) payouts to the Health Homes program (HB 11.710). Added the Women & Minority Outreach program (formerly HB 11.410) and the Technical Assistance Contracts (HB 11.706).

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES FQHC DISTRIBUTION

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PD	0.00	2,757,732	2,500,000	0	5,257,732	
				Total	0.00	2,757,732	2,500,000	0	5,257,732	
DEPARTMENT CORE ADJUSTMENTS										
1x Expenditures	453	1891	PD	0.00		0	(1,000,000)	0	(1,000,000)	Core reduction of one-time funding.
1x Expenditures	453	1890	PD	0.00		(1,000,000)	0	0	(1,000,000)	Core reduction of one-time funding.
NET DEPARTMENT CHANGES					0.00	(1,000,000)	(1,000,000)	0	(2,000,000)	
DEPARTMENT CORE REQUEST										
				PD	0.00	1,757,732	1,500,000	0	3,257,732	
				Total	0.00	1,757,732	1,500,000	0	3,257,732	
GOVERNOR'S RECOMMENDED CORE										
				PD	0.00	1,757,732	1,500,000	0	3,257,732	
				Total	0.00	1,757,732	1,500,000	0	3,257,732	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
WOMEN & MINORITY OUTREACH**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
<hr/>							
DEPARTMENT CORE REQUEST	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
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CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
TECHNICAL ASSISTANCE CONTRACTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	1,918,645	3,726,090	0	5,644,735	
	Total	0.00	1,918,645	3,726,090	0	5,644,735	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	1,918,645	3,726,090	0	5,644,735	
	Total	0.00	1,918,645	3,726,090	0	5,644,735	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	1,918,645	3,726,090	0	5,644,735	
	Total	0.00	1,918,645	3,726,090	0	5,644,735	
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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FQHC DISTRIBUTION								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	1,705,000	0.00	2,757,732	0.00	1,757,732	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	1,455,000	0.00	2,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - PD	3,160,000	0.00	5,257,732	0.00	3,257,732	0.00	0	0.00
TOTAL	3,160,000	0.00	5,257,732	0.00	3,257,732	0.00	0	0.00
GRAND TOTAL	\$3,160,000	0.00	\$5,257,732	0.00	\$3,257,732	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
WOMEN & MINORITY OUTREACH								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	513,902	0.00	529,796	0.00	529,796	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	513,902	0.00	568,625	0.00	568,625	0.00	0	0.00
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
TOTAL	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TECHNICAL ASSISTANCE CONTRACTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	1,501,799	0.00	1,918,645	0.00	1,918,645	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	1,501,799	0.00	3,726,090	0.00	3,726,090	0.00	0	0.00
TOTAL - PD	3,003,598	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
TOTAL	3,003,598	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
GRAND TOTAL	\$3,003,598	0.00	\$5,644,735	0.00	\$5,644,735	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FQHC DISTRIBUTION								
CORE								
PROGRAM DISTRIBUTIONS	3,160,000	0.00	5,257,732	0.00	3,257,732	0.00	0	0.00
TOTAL - PD	3,160,000	0.00	5,257,732	0.00	3,257,732	0.00	0	0.00
GRAND TOTAL	\$3,160,000	0.00	\$5,257,732	0.00	\$3,257,732	0.00	\$0	0.00
GENERAL REVENUE	\$1,705,000	0.00	\$2,757,732	0.00	\$1,757,732	0.00		0.00
FEDERAL FUNDS	\$1,455,000	0.00	\$2,500,000	0.00	\$1,500,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
WOMEN & MINORITY OUTREACH								
CORE								
PROFESSIONAL SERVICES	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$0	0.00
GENERAL REVENUE	\$513,902	0.00	\$529,796	0.00	\$529,796	0.00		0.00
FEDERAL FUNDS	\$513,902	0.00	\$568,625	0.00	\$568,625	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TECHNICAL ASSISTANCE CONTRACTS								
CORE								
PROGRAM DISTRIBUTIONS	3,003,598	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
TOTAL - PD	3,003,598	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
GRAND TOTAL	\$3,003,598	0.00	\$5,644,735	0.00	\$5,644,735	0.00	\$0	0.00
GENERAL REVENUE	\$1,501,799	0.00	\$1,918,645	0.00	\$1,918,645	0.00		0.00
FEDERAL FUNDS	\$1,501,799	0.00	\$3,726,090	0.00	\$3,726,090	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s):

11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

1a. What strategic priority does this program address?

Serve a medically underserved area or population

1b. What does this program do?

This core request provides state grants to assist Federally Qualified Health Centers (FQHCs) with infrastructure, equipment and personnel development so the uninsured and underinsured population will have increased access to health care, especially in medically under-served areas. These funds address gaps in preventive services and management of chronic conditions and incentive payments. This program also establishes and implements outreach programs in medically underserved areas by increasing participation of minorities and women in MO HealthNet programs.

The Department of Social Services (DSS) contracts with the Missouri Primary Care Association (MPCA) to act as a fiscal intermediary for the distribution of the FQHC grants, Community Health Worker Initiative, Women and Minority Health Care Outreach Programs; and Patient Outreach and Engagement; assuring accurate and timely payments to the FQHCs; and to act as a central data collection point for evaluating program impact and outcomes. MPCA is recognized as Missouri's single primary care association by the Federal Health Resource Service Administration (HRSA).

- **Grant Expansion/Oral Health Initiative**

Distributes funds to recruit and retain qualified professionals, including a loan forgiveness/loan repayment program to offset tuition costs to encourage the recruitment and retention of healthcare professionals in FQHCs.

- **Community Health Worker-Initiative**

Distributes funds to address social determinants of health; improve patient engagement in preventative, chronic disease management services; connect patients with community-based services; reduce avoidable emergency room visits; and reduce hospital admissions.

- **Women and Minority Healthcare Outreach Programs**

Distributes funds to establish and implement healthcare outreach programs for women and minorities in the City of St. Louis, the southeast "bootheel" region of the state, and Kansas City.

- **Patient Outreach and Engagement Initiative**

Distributes funds to address gaps in preventative services and management of chronic conditions, and for incentive payments.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s):

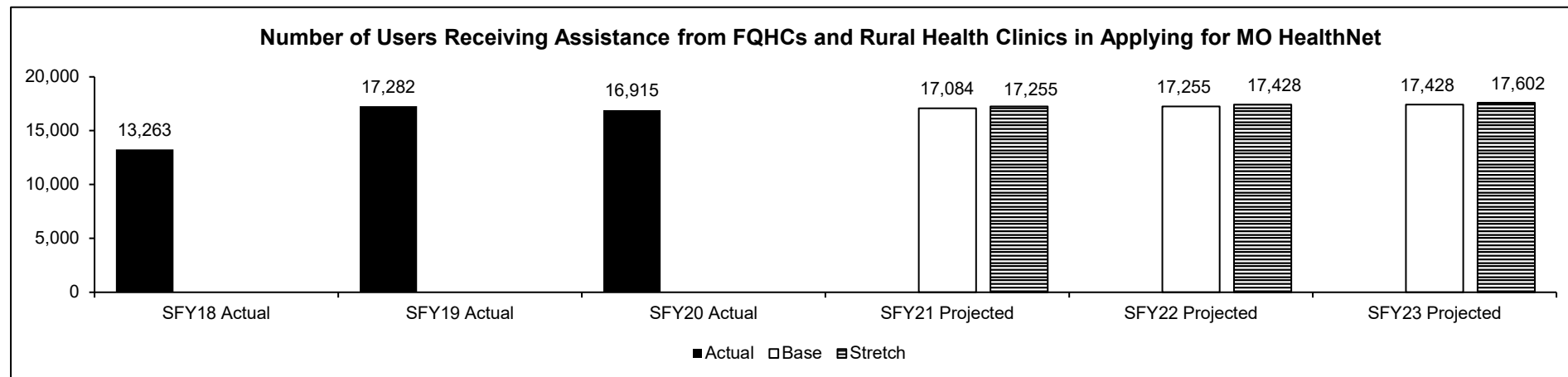
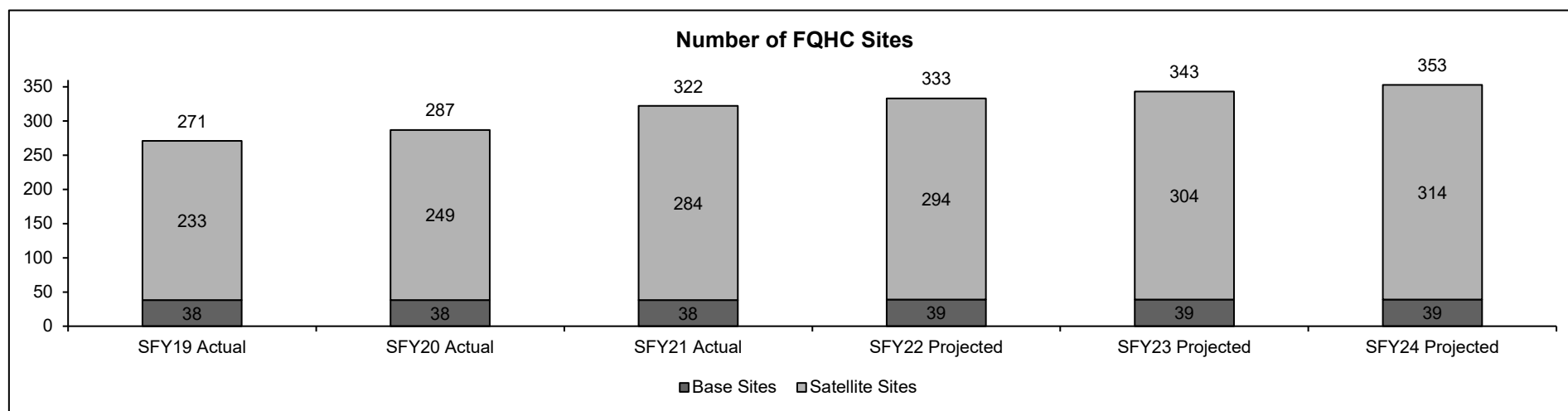
11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2a. Provide an activity measure(s) for the program.

Each FQHC (base site) has several satellite sites. During SFY21, there were 38 base sites and 284 satellite sites, for a total of 322 sites providing services to MO HealthNet participants.



SFY21 Actuals will be available January 2022.

PROGRAM DESCRIPTION

Department: Social Services

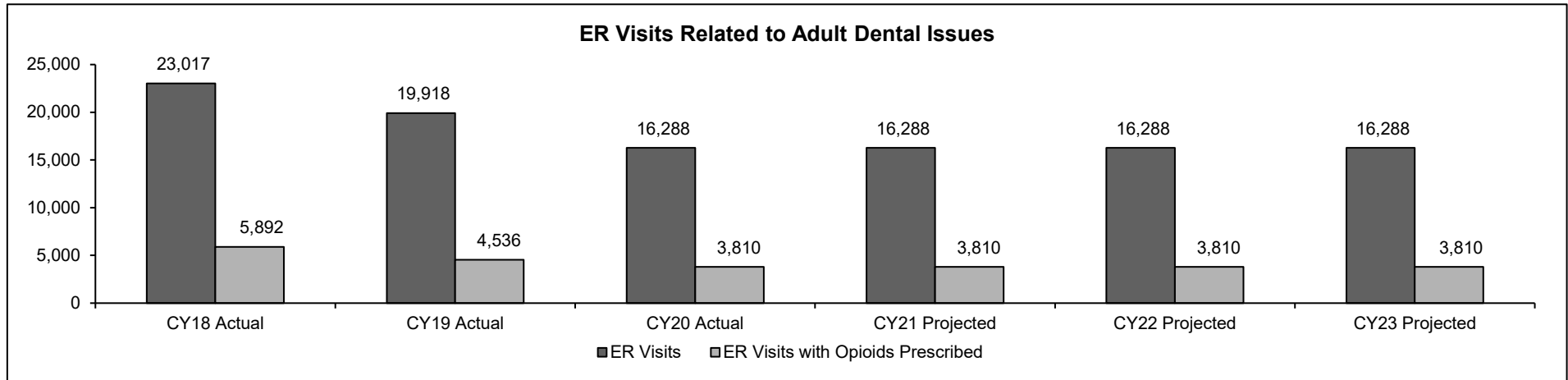
HB Section(s):

11.775 / 11.780

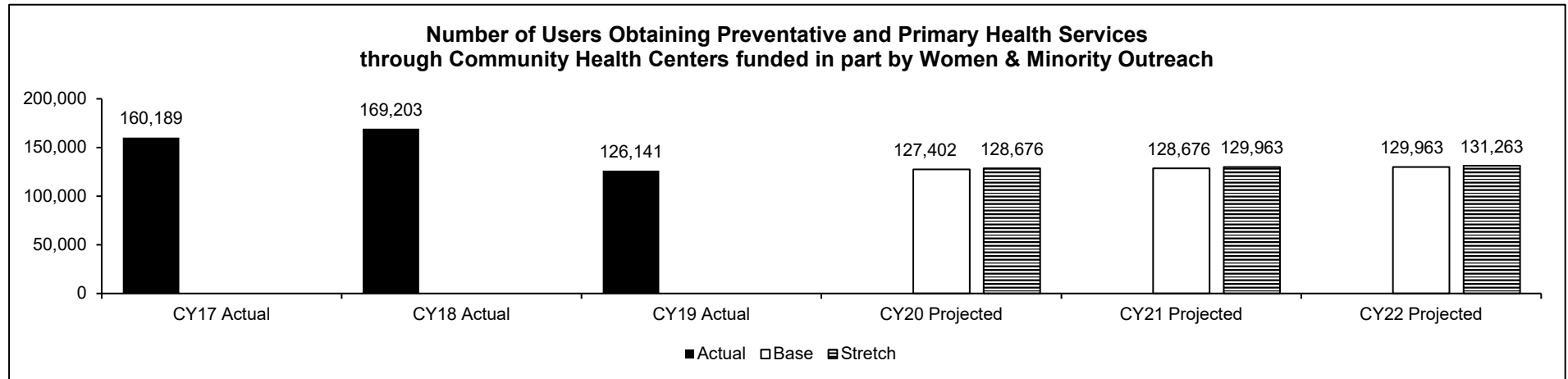
Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2b. Provide a measure(s) of the program's quality.



This measure captures all Fee For Service (FFS) Medicaid participants, not just FQHC participants.



CY20 Actuals will be available January 2022.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s):

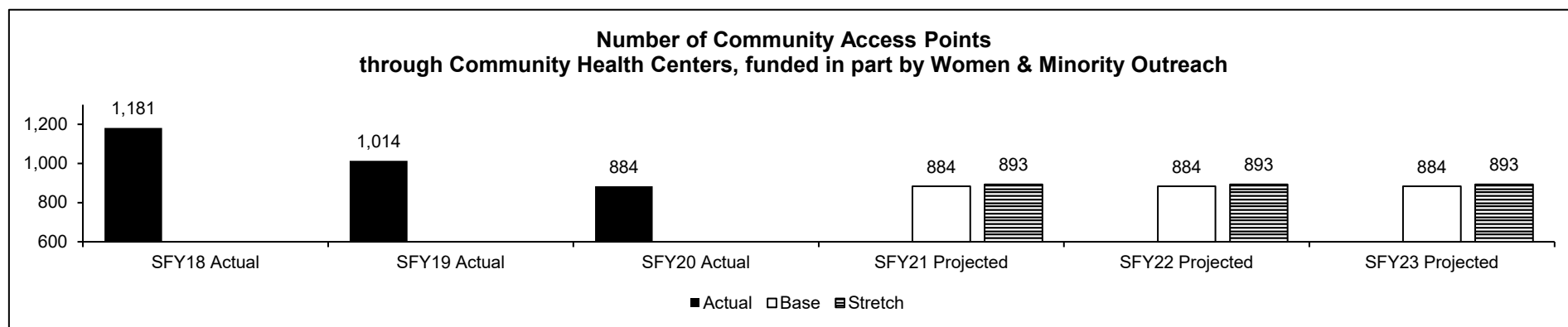
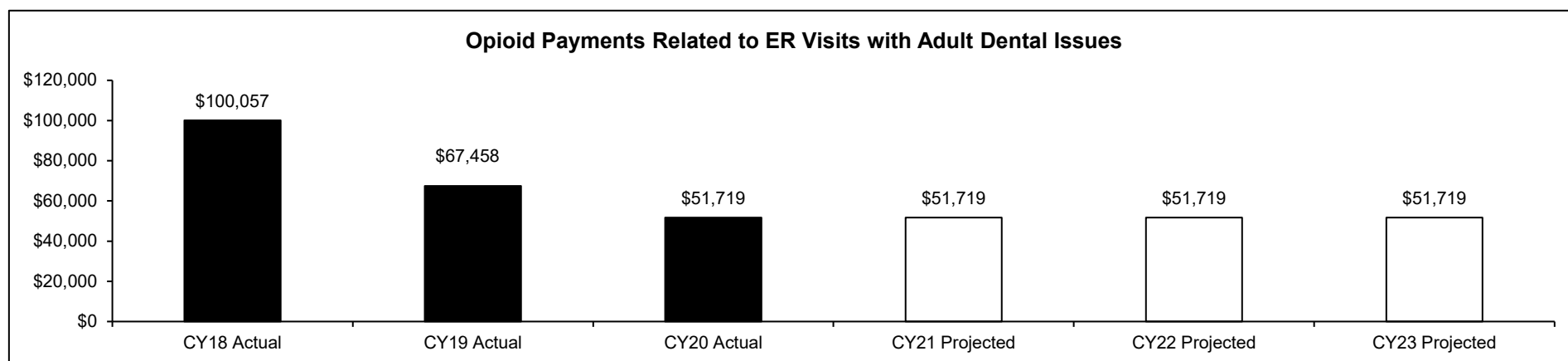
11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2c. Provide a measure(s) of the program's impact.

The amount of Opioid payments have decreased significantly since the MO HealthNet Adult Dental program went into effect on 01/01/16. The Grant Expansion/Oral Health and Patient Outreach and Engagement Initiatives provide funding for the Dental program for FQHCs.



SFY21 Actuals will be available January 2022.

Community Access Points provide individuals with assistance in navigating the MO HealthNet application and enrollment process.

Community Access Points may be located in places like: schools; day care centers; head starts; housing agencies; health departments; community events; career fairs; health fairs; senior centers; public housing; shelters; churches; hospitals; libraries; Family Support Division offices; food pantries; and WIC offices.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s):

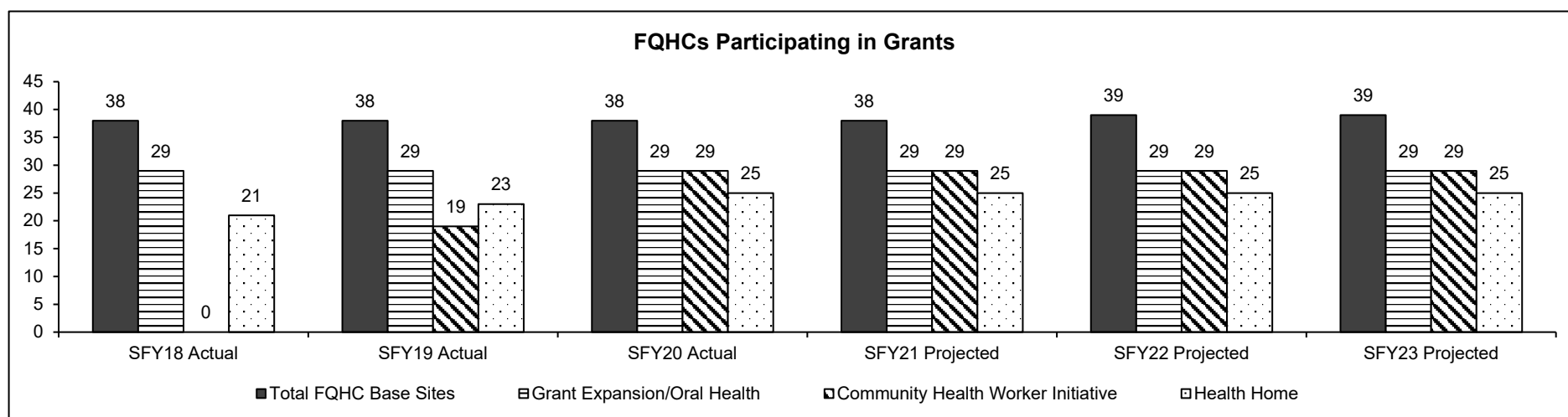
11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

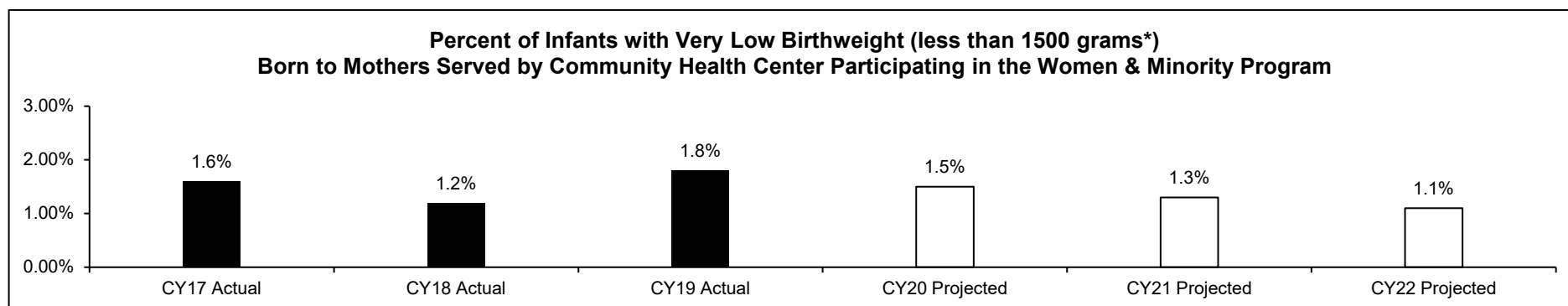
Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2d. Provide a measure(s) of the program's efficiency.

A significant number of FQHCs participate in the various programs. During SFY 2019, over 76% participated in the Grant Expansion/Oral Health Initiative, over 76% participated in the Community Health Worker Initiative, and over 66% participated in the Health Home program.



SFY21 Actuals will be available January 2022.



CY20 Actuals will be available January 2022.

*1500 grams = approximately 3.3 pounds.

PROGRAM DESCRIPTION

Department: Social Services

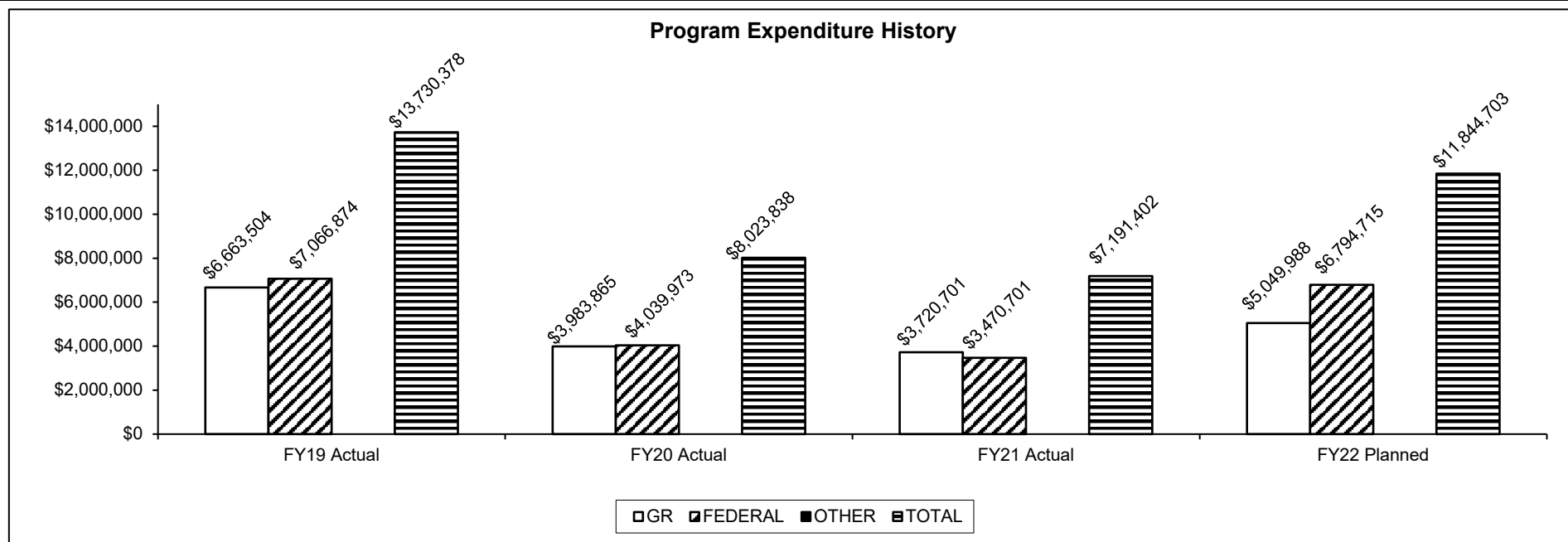
HB Section(s):

11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2022 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.201, RSMo. Federal law: Social Security Act Section 1903(a). Federal Regulations: 42 CFR, Part 433.15.

6. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures earn a 50% federal match.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Health Care Home

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Health Homes

Budget Unit: 90574C
HB Section: 11.785

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	4,292,921	17,575,037	6,027,694	27,895,652
TRF	0	0	0	0
Total	4,292,921	17,575,037	6,027,694	27,895,652
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Federal Reimbursement Allowance (0142) - \$6,027,694

FY 2023 Governor's Recommendation				
	GR	Fed	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services, and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies.

3. PROGRAM LISTING (list programs included in this core funding)

Health Homes

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Health Homes

Budget Unit: 90574C
HB Section: 11.785

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	11,637,802	24,711,131	28,642,368	30,363,682
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	11,637,802	24,711,131	28,642,368	30,363,682
Actual Expenditures (All Funds)	6,029,888	23,529,798	25,599,892	N/A
Unexpended (All Funds)	5,607,914	1,181,333	3,042,476	N/A
Unexpended, by Fund:				
General Revenue	0	824,069	52,941	N/A
Federal	3,626,909	87,041	461,281	N/A
Other	1,981,005	270,223	2,528,254	N/A
		(1)		

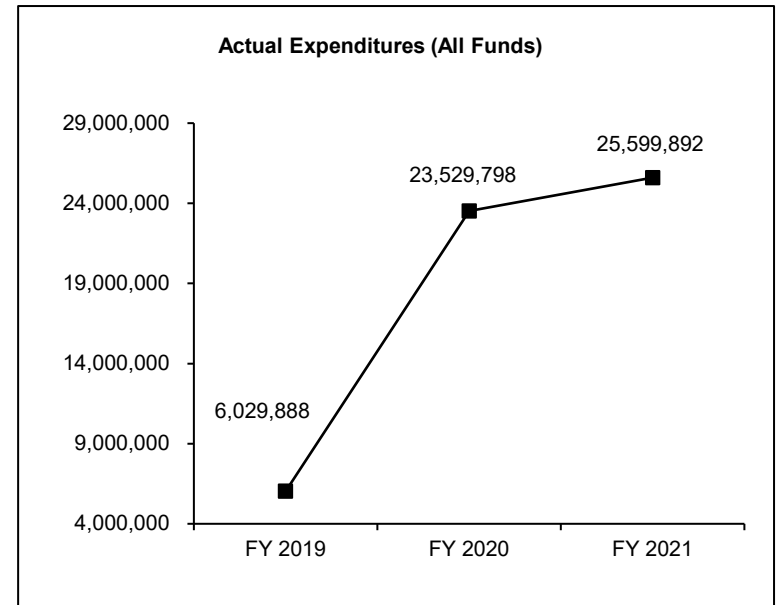
*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - Added PMPM for MPCA (PMP) payouts from the FQHC program (HB 11.705), and PMPM DMH Disease Management (PMD), PMPM Expansion-CMHC (PME), and PMPM for IGT (PMI) payouts from the Physician program (HB 11.645). \$2,000,000 Fed flexed in to cover program expenditures.



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES HEALTH HOMES

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	4,292,921	20,043,067	6,027,694	30,363,682	
	Total	0.00	4,292,921	20,043,067	6,027,694	30,363,682	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1193 8260 PD	0.00	0	(2,468,030)	0	(2,468,030)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	0	(2,468,030)	0	(2,468,030)	
DEPARTMENT CORE REQUEST							
	PD	0.00	4,292,921	17,575,037	6,027,694	27,895,652	
	Total	0.00	4,292,921	17,575,037	6,027,694	27,895,652	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	4,292,921	17,575,037	6,027,694	27,895,652	
	Total	0.00	4,292,921	17,575,037	6,027,694	27,895,652	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	5,611,911	0.00	4,292,921	0.00	4,292,921	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	16,706,114	0.00	20,043,067	0.00	17,575,037	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	3,281,867	0.00	6,027,694	0.00	6,027,694	0.00	0	0.00
TOTAL - PD	25,599,892	0.00	30,363,682	0.00	27,895,652	0.00	0	0.00
TOTAL	25,599,892	0.00	30,363,682	0.00	27,895,652	0.00	0	0.00
MHD CTC - 1886029								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,330,100	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,330,100	0.00	0	0.00
TOTAL	0	0.00	0	0.00	1,330,100	0.00	0	0.00
CHIP Authority CTC - 1886041								
PROGRAM-SPECIFIC								
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	287,787	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	287,787	0.00	0	0.00
TOTAL	0	0.00	0	0.00	287,787	0.00	0	0.00
GRAND TOTAL	\$25,599,892	0.00	\$30,363,682	0.00	\$29,513,539	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90574C BUDGET UNIT NAME: Health Home HOUSE BILL SECTION: 11.785	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90574C BUDGET UNIT NAME: Health Home HOUSE BILL SECTION: 11.785	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
20% flexibility is requested between funds 0159 and 0163 and 0159 and 0610 in sections 11.600 (MHD Admin), 11.700 (Pharmacy), 11.715 (Physician Related Prof), 11.785 (Health Home), and 11.790 (FRA).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
N/A	N/A
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 20% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is needed between federal funds due to the fluctuations between Title XIX and CHIP Medicaid populations and expenditures.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
CORE								
PROGRAM DISTRIBUTIONS	25,599,892	0.00	30,363,682	0.00	27,895,652	0.00	0	0.00
TOTAL - PD	25,599,892	0.00	30,363,682	0.00	27,895,652	0.00	0	0.00
GRAND TOTAL	\$25,599,892	0.00	\$30,363,682	0.00	\$27,895,652	0.00	\$0	0.00
GENERAL REVENUE	\$5,611,911	0.00	\$4,292,921	0.00	\$4,292,921	0.00		0.00
FEDERAL FUNDS	\$16,706,114	0.00	\$20,043,067	0.00	\$17,575,037	0.00		0.00
OTHER FUNDS	\$3,281,867	0.00	\$6,027,694	0.00	\$6,027,694	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.785

Program Name: Health Homes

Program is found in the following core budget(s): Health Homes

1a. What strategic priority does this program address?

Intensive care coordination/care management to improve health outcomes and reduce costs of unnecessary hospitalizations/emergency room visits.

1b. What does this program do?

Provides team-based care that improves health outcomes & reduces costs of unnecessary hospitalizations/emergency room visits. Section 2703 of the Affordable Care Act (ACA) gives MO HealthNet the option to pay providers to coordinate care through a health home for individuals with chronic conditions. MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies. This core funds PMPM payments made to health homes.

A Primary Care Health Home may be operated by a Federally Qualified Health Center (FQHC), hospital-based clinic, or other primary care provider. The State share of the Health Home PMPMs for hospital-based clinics are funded by the Federal Reimbursement Allowance (FRA) program.

Reimbursement Methodology

Providers that are enrolled in MO HealthNet's Health Home Program receive a per-member, per month (PMPM) reimbursement for each eligible health home patient enrolled in the program who receives health home services in a given month. Health home PMPM payments started in March 2012 for services performed in January 2012. In accordance with the state plan amendment approved by the Centers for Medicare & Medicaid Services (CMS), MO HealthNet may adjust the PMPM rate based on the consumer price index (CPI).

Rate History

Primary Care PMPM Rate	DMH PMPM Rate	Effective with Service Month
\$64.68	\$86.51	7/1/19
\$63.72	\$85.23	1/1/17
\$63.72	\$85.23	1/1/16
\$62.47	\$83.56	1/1/15

Additional Details

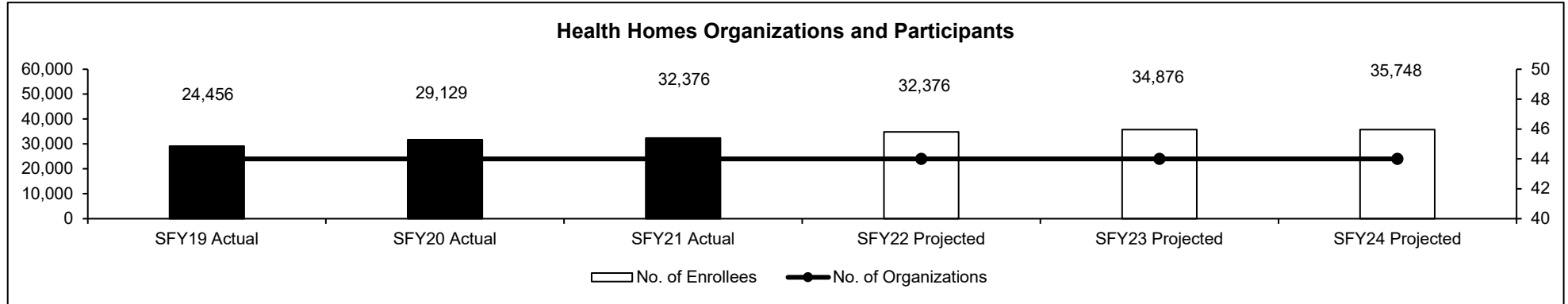
State Fiscal Year 2022 will continue to see an increase in patient enrollment in Primary Care Health Home (PCHH) providers.

PROGRAM DESCRIPTION

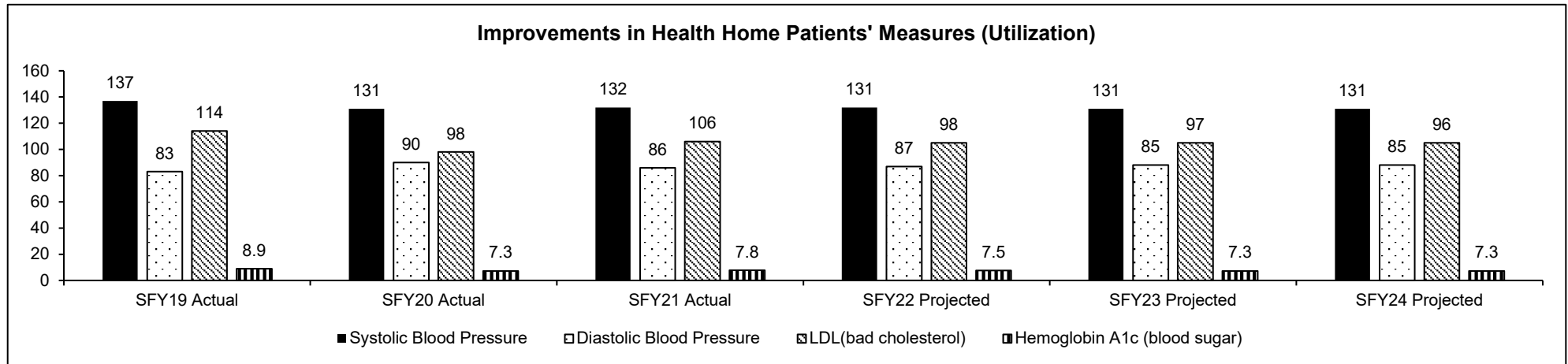
Department: Social Services
Program Name: Health Homes
Program is found in the following core budget(s): Health Homes

HB Section(s): 11.785

2a. Provide an activity measure for the program.



2b. Provide a measure of the program's quality.



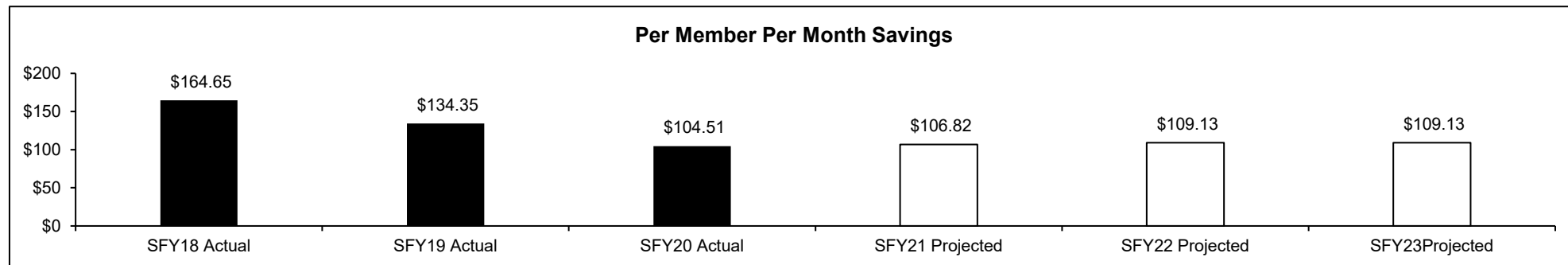
Compared to initial readings, participants measures significantly improved. First reading blood pressure was 155/97 and decreased to 131/90.
 There were significant drops in LDL cholesterol from 142 to 98. Blood sugar readings improved from an A1c of 9.7 to 7.3
 Improving Systolic/Diastolic blood pressure reduces risk of stroke.

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Health Homes
Program is found in the following core budget(s): Health Homes

HB Section(s): 11.785

2c. Provide a measure of the program's impact.

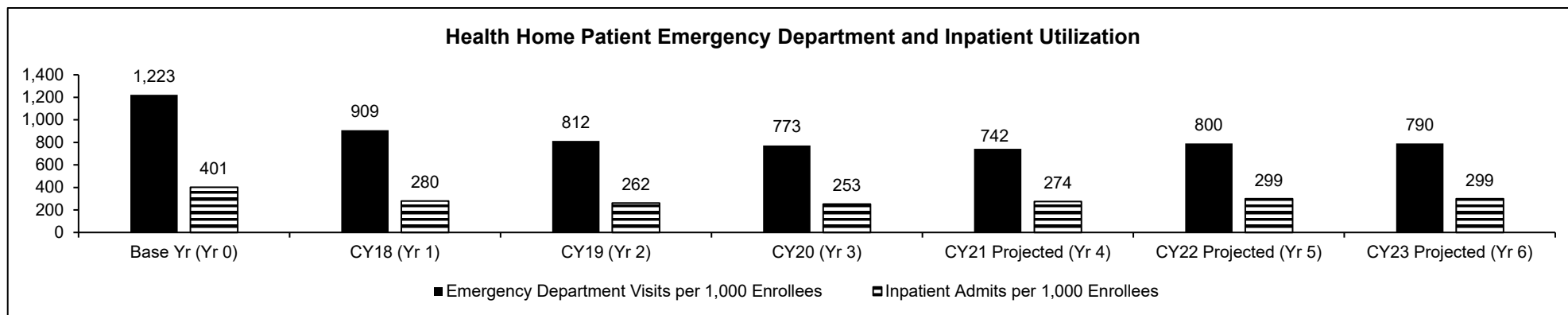


PMPM savings are gathered for Health Home members with 12 months of Medicaid Eligibility prior to Health Home enrollment, and at least one Health Home attestation in the following State Fiscal Year. *Note as new sites add large groups of high-utilizers, program savings decrease briefly and increase again with co-hort interventions.

Medicaid expenditures per Health Home member are excluded if they are three (3) standard deviations above the mean expenditure per member. This excludes Medicaid expenditures for members with high-cost diagnoses for which Health Homes cannot be effective (e.g. Hemophilia, Severe Injuries).

SFY21 actuals will be available January 2022.

2d. Provide a measure of the program's efficiency.



CY20, the program added new health homes. ER utilization increases slightly with brand new enrollees & then stabilizes with program interventions. Overall, ER visits are still decreasing for health home population from a base of 1,223 ER visits to 773 ER visits for 12-month period.

PROGRAM DESCRIPTION

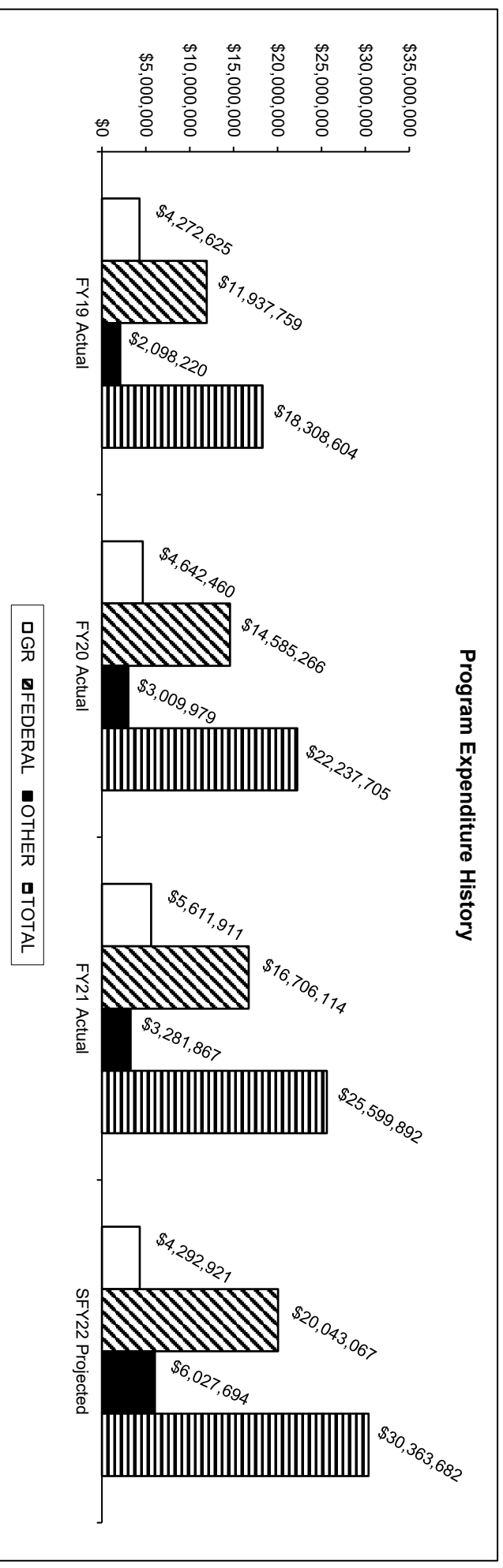
Department: Social Services

Program Name: Health Homes

Program is found in the following core budget(s): Health Homes

HB Section(s): 11.785

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.) Updated at Gov. Rec.



4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ACA Section 2703; Section 1945 of Title XIX of the Social Security Act.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Federal Reimbursement Allowance (FRA)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Federal Reimbursement Allowance (FRA)

Budget Unit: 90553C
HB Section: 11.790

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	1,712,194,972	1,712,194,972
TRF	0	0	0	0
Total	0	0	1,712,194,972	1,712,194,972
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$1,712,194,872

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

The Federal Reimbursement Allowance (FRA) program funds reimbursement of hospital services and the hospital portion of the managed care premiums provided to MO HealthNet participants and the uninsured. The FRA program serves as a General Revenue equivalent by supplementing payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act, and to the uninsured.

3. PROGRAM LISTING (list programs included in this core funding)

Hospital - Federal Reimbursement Allowance

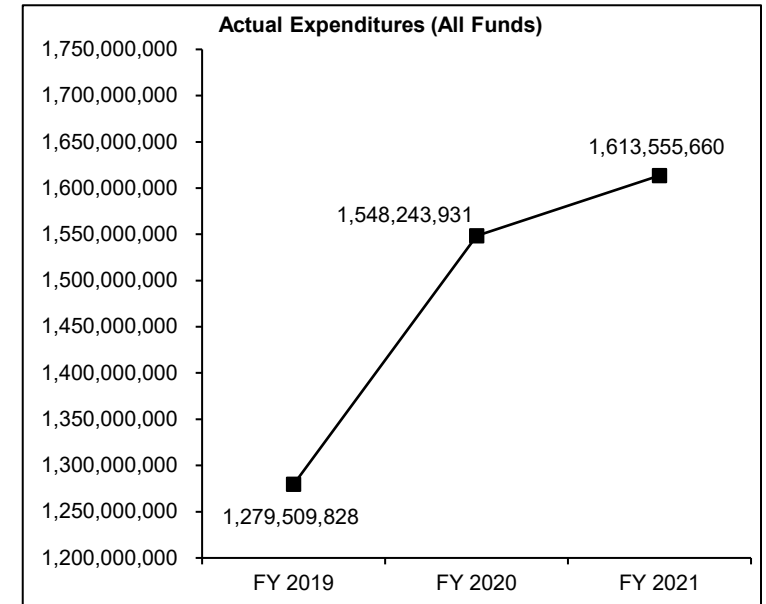
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Federal Reimbursement Allowance (FRA)

Budget Unit: 90553C
HB Section: 11.790

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	1,280,818,734	1,556,383,698	1,728,243,278	1,712,194,972
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,280,818,734	1,556,383,698	1,728,243,278	1,712,194,972
Actual Expenditures (All Funds)	1,279,509,828	1,548,243,931	1,613,555,660	N/A
Unexpended (All Funds)	1,308,906	8,139,767	114,687,618	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	1,308,906	8,139,767	114,687,618	N/A



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FED REIMB ALLOWANCE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	0	0	1,712,194,972	1,712,194,972	
	Total	0.00	0	0	1,712,194,972	1,712,194,972	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	0	0	1,712,194,972	1,712,194,972	
	Total	0.00	0	0	1,712,194,972	1,712,194,972	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	0	1,712,194,972	1,712,194,972	
	Total	0.00	0	0	1,712,194,972	1,712,194,972	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
FED REIMB ALLOWANCE									
CORE									
PROGRAM-SPECIFIC									
FEDERAL REIMBURSEMENT ALLOWANCE	1,613,555,660	0.00	1,712,194,972	0.00	1,712,194,972	0.00	0	0.00	
TOTAL - PD	1,613,555,660	0.00	1,712,194,972	0.00	1,712,194,972	0.00	0	0.00	
TOTAL	1,613,555,660	0.00	1,712,194,972	0.00	1,712,194,972	0.00	0	0.00	
MHD CTC - 1886029									
PROGRAM-SPECIFIC									
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	124,768,460	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	124,768,460	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	124,768,460	0.00	0	0.00	
CHIP Authority CTC - 1886041									
PROGRAM-SPECIFIC									
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	103,540,136	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	103,540,136	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	103,540,136	0.00	0	0.00	
GRAND TOTAL	\$1,613,555,660	0.00	\$1,712,194,972	0.00	\$1,940,503,568	0.00	\$0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90553C BUDGET UNIT NAME: FRA HOUSE BILL SECTION: 11.790	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
20% flexibility is requested between funds 0159 and 0163 and 0159 and 0610 in sections 11.600 (MHD Admin), 11.700 (Pharmacy), 11.715 (Physician Related Prof), 11.785 (Health Home), and 11.790 (FRA).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
N/A	N/A
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 20% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is needed between federal funds due to the fluctuations between Title XIX and CHIP Medicaid populations and expenditures.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMB ALLOWANCE								
CORE								
PROGRAM DISTRIBUTIONS	1,613,555,660	0.00	1,712,194,972	0.00	1,712,194,972	0.00	0	0.00
TOTAL - PD	1,613,555,660	0.00	1,712,194,972	0.00	1,712,194,972	0.00	0	0.00
GRAND TOTAL	\$1,613,555,660	0.00	\$1,712,194,972	0.00	\$1,712,194,972	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,613,555,660	0.00	\$1,712,194,972	0.00	\$1,712,194,972	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.790

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

1a. What strategic priority does this program address?

Quality hospital care and appropriate reimbursement

1b. What does this program do?

The Federal Reimbursement Allowance (FRA) program assesses hospitals in the state of Missouri a fee for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the hospital and the federal earnings fund the FRA program. The funds collected by the state are used to supplement inpatient and outpatient hospital services as well as a general revenue equivalent for other MO HealthNet services such as Managed Care and the Children's Health Insurance Program (CHIP).

Reimbursement Methodology

The FRA assessment is a percent of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The assessment rate effective July 1, 2021 is 5.48% which did change from the SFY 2021 assessment rate of 5.75%. The net inpatient and net outpatient revenue are determined from the hospital's cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of general revenue funds.

The FRA funds are distributed to the hospitals through a combination of payments to compensate certain costs as outlined below.

- *Higher Inpatient Per Diems* - Approximately 63.54% of inpatient costs are made through FRA funding. Higher per diems were granted in October 1992 when the FRA program started. In April 1998, hospitals were rebased to the 1995 cost reports.
- *Increased Outpatient Payment* - Approximately 38.67% of outpatient costs are made through FRA funding. An outpatient prospective reimbursement methodology was implemented on July 1, 2002. An Outpatient Simplified Fee Schedule methodology will be implemented on July 20, 2021 and will replace the outpatient prospective reimbursement methodology.
- *Direct Medicaid Payments* - The hospital receives additional lump sum payments to cover their unreimbursed costs for providing services to MO HealthNet participants. These payments, along with per diem payments, provide 100% of the allowable Medicaid cost for MO HealthNet participants.
- *Uninsured Add-On* - Payments for the cost of providing services to the uninsured and for uncompensated care costs.
- *Upper Payment Limit* - As funding is available, an annual payment is made to hospitals to recognize costs up to what Medicare payment principles allow.
- *Enhanced GME* - An annual payment to hospitals for Graduate Medical Education (GME) cost inflation not reimbursed in the per diem, Direct Medicaid, or quarterly GME payments.

The FRA program also funds the costs of the the Missouri Gateway to Better Health Medicaid demonstration program, the state share of primary care health home per member per month (PMPM) payments to hospital-based primary care health homes, and federally required independent disproportionate share hospital (DSH) audits. DSH payments are made for Medicaid uncompensated care costs and for uninsured uncompensated care costs. These payments are limited to the federal DSH allotment and are subject to annual DSH audits. *For more information on the Gateway project, see Additional Details.*

Regulations require that the FRA tax be broad-based, uniform, and a maximum tax of 6% due to the structure of the tax.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.790

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

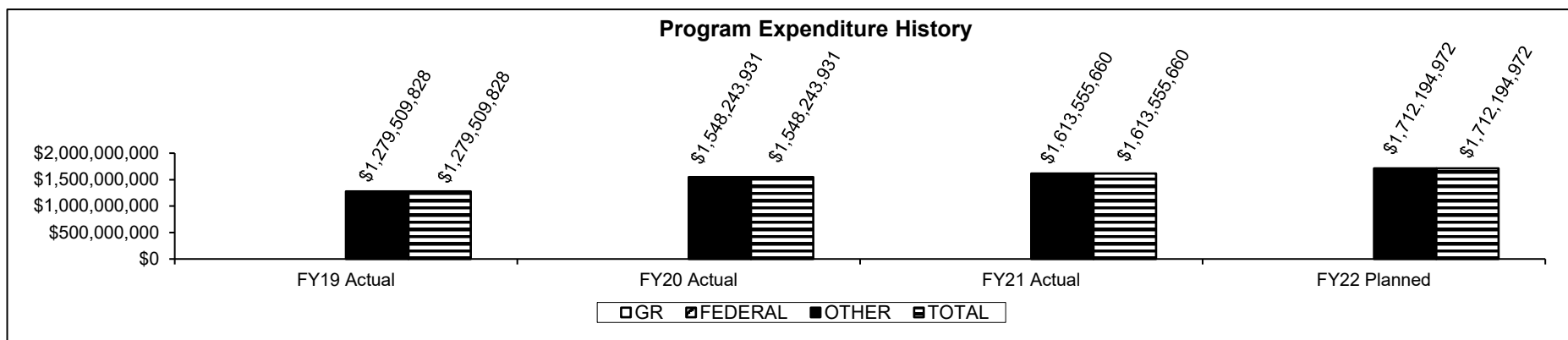
Additional Details

Missouri's Gateway to Better Health Medicaid demonstration project

The State is authorized to spend up to \$30 million (total computable) annually to preserve and improve primary care and specialty care in the St. Louis area in lieu of spending that amount of statutorily authorized funding on payments to DSH, making this demonstration budget-neutral. Under the demonstration, CMS allows the state to continue to use DSH funds to preserve and improve primary and specialty health care services in St. Louis.

This program is exempt from performance measures as it is an accounting mechanism.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.453, RSMo. Federal law: Social Security Act Section 1903(w). Federal Regulation: 42 CFR 433 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - IGT Safety Net Hospitals

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C

HB Section: 11.795

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	25,176,772	12,964,074	38,140,846
TRF	0	0	0	0
Total	0	25,176,772	12,964,074	38,140,846
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$12,964,074

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

Safety net hospitals traditionally see a high volume of MO HealthNet/uninsured patients. This item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for safety net hospitals.

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for Safety Net Hospitals

CORE DECISION ITEM

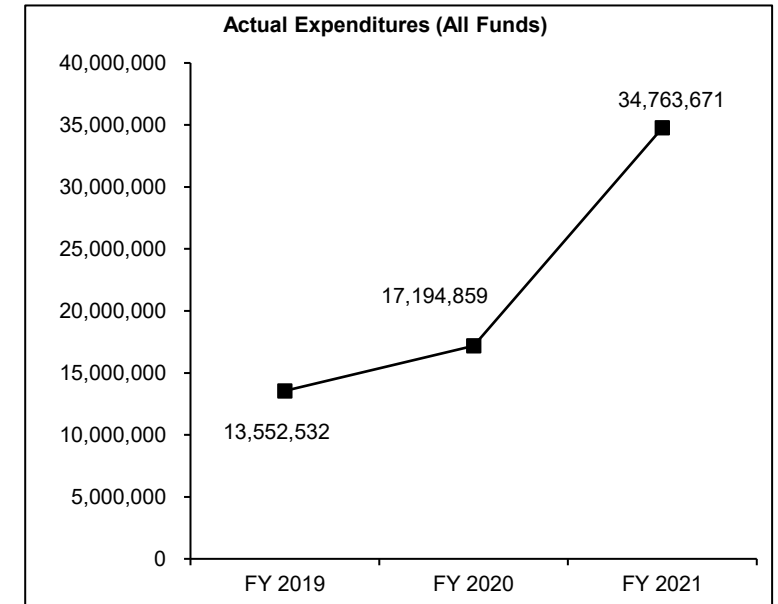
Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C

HB Section: 11.795

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	38,140,846	38,140,846	38,140,846	38,140,846
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	38,140,846	38,140,846	38,140,846	38,140,846
Actual Expenditures (All Funds)	13,552,532	17,194,859	34,763,671	N/A
Unexpended (All Funds)	24,588,314	20,945,987	3,377,175	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	14,928,759	13,492,711	225,729	N/A
Other	9,659,555	7,453,276	3,151,446	N/A



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT SAFETY NET HOSPITALS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	0	25,176,772	12,964,074	38,140,846	
	Total	0.00	0	25,176,772	12,964,074	38,140,846	
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DEPARTMENT CORE REQUEST	PD	0.00	0	25,176,772	12,964,074	38,140,846	
	Total	0.00	0	25,176,772	12,964,074	38,140,846	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	25,176,772	12,964,074	38,140,846	
	Total	0.00	0	25,176,772	12,964,074	38,140,846	
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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	24,616,548	0.00	25,176,772	0.00	25,176,772	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	10,147,123	0.00	12,964,074	0.00	12,964,074	0.00	0	0.00
TOTAL - PD	34,763,671	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
TOTAL	34,763,671	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
GRAND TOTAL	\$34,763,671	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM DISTRIBUTIONS	34,763,671	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
TOTAL - PD	34,763,671	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
GRAND TOTAL	\$34,763,671	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$24,616,548	0.00	\$25,176,772	0.00	\$25,176,772	0.00		0.00
OTHER FUNDS	\$10,147,123	0.00	\$12,964,074	0.00	\$12,964,074	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.795

Program Name: IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

1a. What strategic priority does this program address?

Maintain quality hospital care

1b. What does this program do?

Federal Medicaid regulation (42 CFR 433.51) established in 2010 allows state and local governmental units (including public providers) to transfer funds to the state as the non-federal share of Medicaid payments. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

The following state owned/operated hospitals are eligible for payment from this appropriation:

- Center for Behavioral Medicine;
- Hawthorne Children's Psychiatric Hospital;
- Northwest Missouri Psychiatric Rehabilitation Center;
- Fulton State Hospital;
- Southeast Missouri Mental Health Center; and
- St. Louis Forensic Treatment Center.

The following public hospitals are eligible for payment from this appropriation:

- University of Missouri Hospital and Clinics;
- Truman Medical Center – Hospital Hill; and
- Truman Medical Center – Lakewood.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.795

Program Name: IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

Reimbursement Methodology

Under the IGT process, hospitals transfer the non-federal share of payments to the state prior to payments being made. The state pays out the total claimable amount including both the federal and non-federal share. The state demonstrates that the non-federal share of the payments is transferred to, and under the administrative control, of the MO HealthNet Division before the total computable payment is made to the hospitals.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(6)(B):

- Meet obstetrician requirements; and
- Have a Medicaid inpatient utilization rate (MIUR) at least one standard deviation above the state's mean MIUR or a low-income utilization rate (LIUR) greater than 25%; and
- Have an unsponsored care ratio of at least 65% and licensed for less than 50 inpatient beds; or
- Have an unsponsored care ratio of at least 65% and licensed for 50 inpatient beds or more, and have an occupancy rate greater than 40%; or
- Be a public non-state governmental acute care hospital with a LIUR of at least 50% and a MIUR greater than one standard deviation from the mean, and is licensed for 50 inpatient beds or more and has an occupancy rate of at least 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by the Department of Mental Health.

This program is exempt from performance measures as it is an IGT transfer.

PROGRAM DESCRIPTION

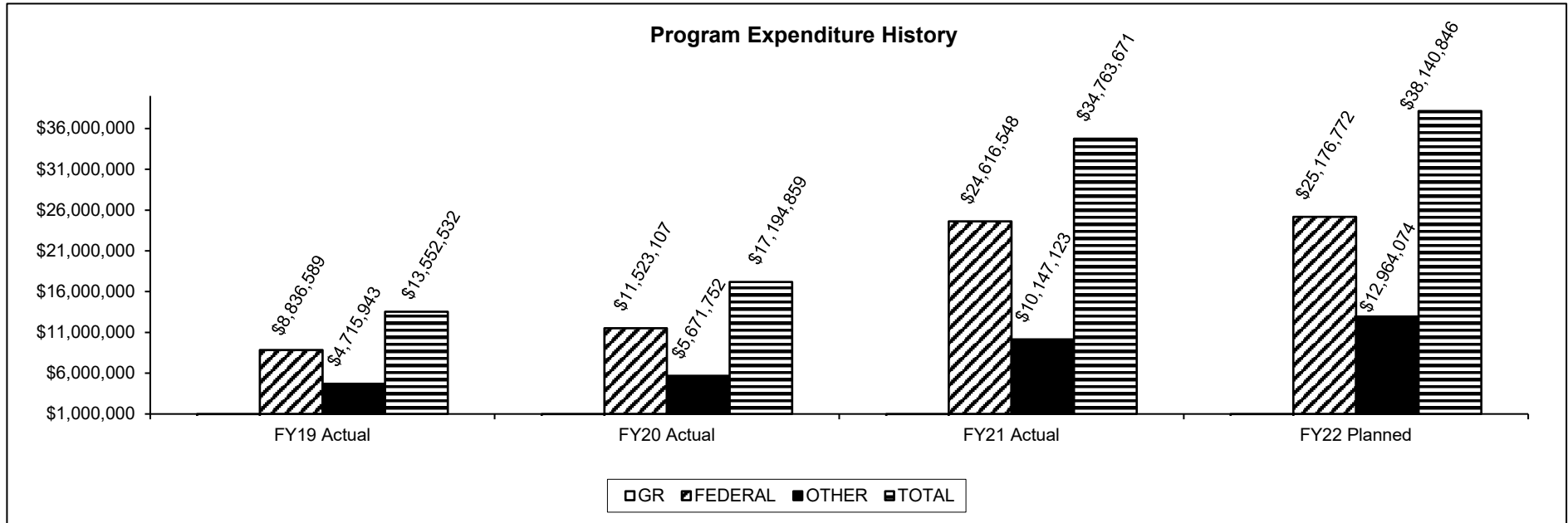
Department: Social Services

HB Section(s): 11.795

Program Name: IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Department of Social Services Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Children's Health Insurance Program (CHIP)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C

HB Section: 11.800

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	674,093	0	0	674,093
PSD	20,928,964	93,906,404	7,719,204	122,554,572
TRF	0	0	0	0
Total	21,603,057	93,906,404	7,719,204	123,228,665

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:
Federal Reimbursement Allowance Fund (FRA) (0142) - \$7,719,204

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This item funds health care services provided to certain children age 18 and under who exceed the eligibility limits of traditional MO HealthNet coverage and would otherwise be uninsured. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population.

3. PROGRAM LISTING (list programs included in this core funding)

Children's Health Insurance Program (CHIP)

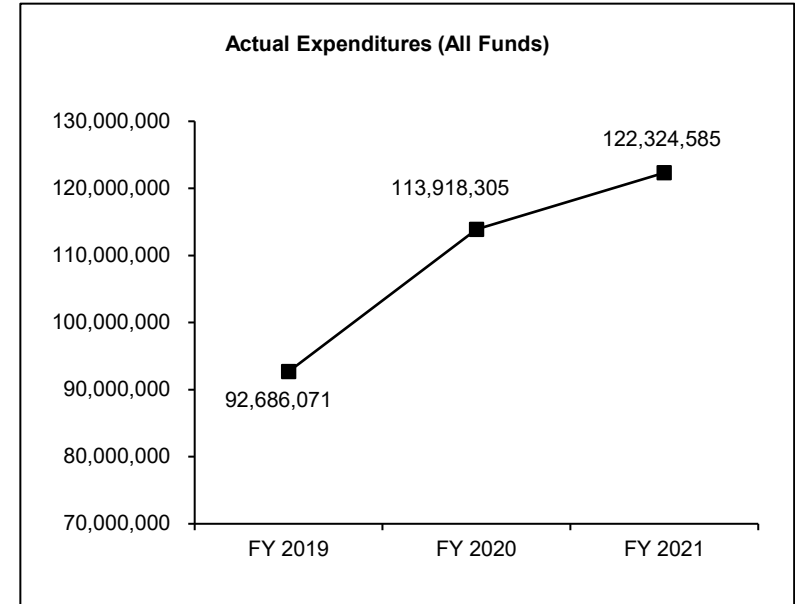
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C
HB Section: 11.800

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	92,686,072	114,705,954	128,617,123	123,228,665
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	92,686,072	114,705,954	128,617,123	123,228,665
Actual Expenditures (All Funds)	92,686,071	113,918,305	122,324,585	N/A
Unexpended (All Funds)	1	787,649	6,292,538	N/A
Unexpended, by Fund:				
General Revenue	0	528,925	1,586,246	N/A
Federal	1	258,724	4,706,292	N/A
Other	0	0	0	N/A
	(1)	(2)		



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$175,251 GR and \$917,693 Fed was flexed in to cover program expenditures.

(2) FY20 - \$2,250,000 GR and \$17,100,000 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S HEALTH INS PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	674,093	0	0	674,093	
	PD	0.00	20,928,964	93,906,404	7,719,204	122,554,572	
	Total	0.00	21,603,057	93,906,404	7,719,204	123,228,665	
DEPARTMENT CORE REQUEST							
	EE	0.00	674,093	0	0	674,093	
	PD	0.00	20,928,964	93,906,404	7,719,204	122,554,572	
	Total	0.00	21,603,057	93,906,404	7,719,204	123,228,665	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	674,093	0	0	674,093	
	PD	0.00	20,928,964	93,906,404	7,719,204	122,554,572	
	Total	0.00	21,603,057	93,906,404	7,719,204	123,228,665	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	685,391	0.00	674,093	0.00	674,093	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	2,108,700	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	2,794,091	0.00	674,093	0.00	674,093	0.00	0	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	21,374,919	0.00	20,928,964	0.00	20,928,964	0.00	0	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	93,906,404	0.00	93,906,404	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	90,436,371	0.00	0	0.00	0	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	0	0.00
TOTAL - PD	119,530,494	0.00	122,554,572	0.00	122,554,572	0.00	0	0.00
TOTAL	122,324,585	0.00	123,228,665	0.00	123,228,665	0.00	0	0.00
MHD CTC - 1886029								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	4,540,726	0.00	0	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	14,620,986	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	19,161,712	0.00	0	0.00
TOTAL	0	0.00	0	0.00	19,161,712	0.00	0	0.00
Managed Care (MC) Actuarial In - 1886030								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,305,966	0.00	0	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	4,182,439	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	5,488,405	0.00	0	0.00
TOTAL	0	0.00	0	0.00	5,488,405	0.00	0	0.00
GRAND TOTAL	\$122,324,585	0.00	\$123,228,665	0.00	\$147,878,782	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90556C BUDGET UNIT NAME: Children's Health Insurance Program (CHIP) HOUSE BILL SECTION: 11.800	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
CORE								
SUPPLIES	2,794,091	0.00	674,093	0.00	674,093	0.00	0	0.00
TOTAL - EE	2,794,091	0.00	674,093	0.00	674,093	0.00	0	0.00
PROGRAM DISTRIBUTIONS	119,530,494	0.00	122,554,572	0.00	122,554,572	0.00	0	0.00
TOTAL - PD	119,530,494	0.00	122,554,572	0.00	122,554,572	0.00	0	0.00
GRAND TOTAL	\$122,324,585	0.00	\$123,228,665	0.00	\$123,228,665	0.00	\$0	0.00
GENERAL REVENUE	\$22,060,310	0.00	\$21,603,057	0.00	\$21,603,057	0.00		0.00
FEDERAL FUNDS	\$92,545,071	0.00	\$93,906,404	0.00	\$93,906,404	0.00		0.00
OTHER FUNDS	\$7,719,204	0.00	\$7,719,204	0.00	\$7,719,204	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

1a. What strategic priority does this program address?

Provide healthcare for children.

1b. What does this program do?

Effective May 1, 2017, Managed Care was geographically extended statewide. All children are mandatorily enrolled in MO HealthNet Managed Care but may opt out and receive their services through fee-for-service under certain circumstances. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population. Services provided under the CHIP program are reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state. This integration was made possible through the passage of Senate Bill 632 (1998).

Eligibility requirements are:

- A child who is under 19 years of age;
- Family income below 300% of the federal poverty level (FPL); and
- No access to other health insurance coverage for less than \$84 to \$206 per month during SFY 2022 based on family size and income.

Program Objectives:

- Increase the number of children in Missouri who have access to a regular source of health care coverage
- Encourage the use of health care services in appropriate settings
- Ensure adequate supply of providers
- Encourage preventative services for children
- Increase use of Early and Periodic Screening Diagnosis Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program, for children

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

Rate History

See fee-for-service program tabs (physician, dental, rehab, etc.) for relevant rate history.

Most children under CHIP receive health benefits through the MO HealthNet Managed Care health plans. MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. Federal Regulation 42 CFR 438-Managed Care and State Authority 208.166, RSMo., require capitation payments made on behalf of managed care participants be actuarially sound.

The following are the prior year CHIP managed care actuarial increases received:

FY 2021 \$5,565,535

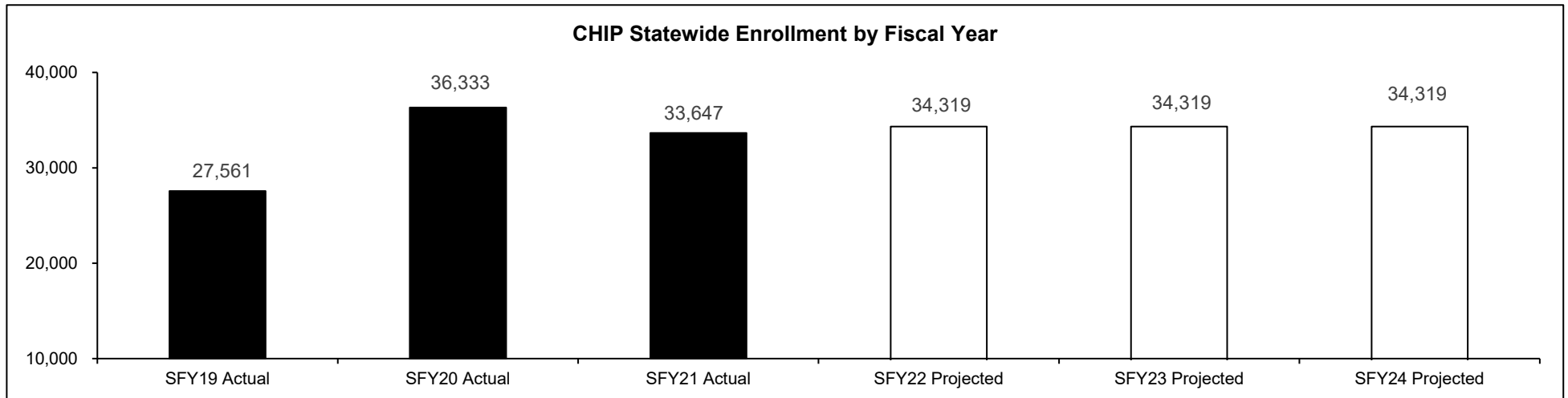
FY 2020 \$7,874,315 (5.6% actuarial increase related to increases in utilization and cost components)

FY 2019 \$0 (A rate increase was not funded in FY 2019)

FY 2018 \$236,298

FY 2017 \$506,848

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total CHIP enrollment by fiscal year. These children would be uninsured without CHIP coverage.

Note 2: FY21 actual shows a 7% decrease from the prior FY. Due to CHIP eligibility criteria modifications during the Public Health Emergency that began in 2019. Once eligibility requirements are restored, we anticipate enrollment may slightly decline before leveling out.

PROGRAM DESCRIPTION

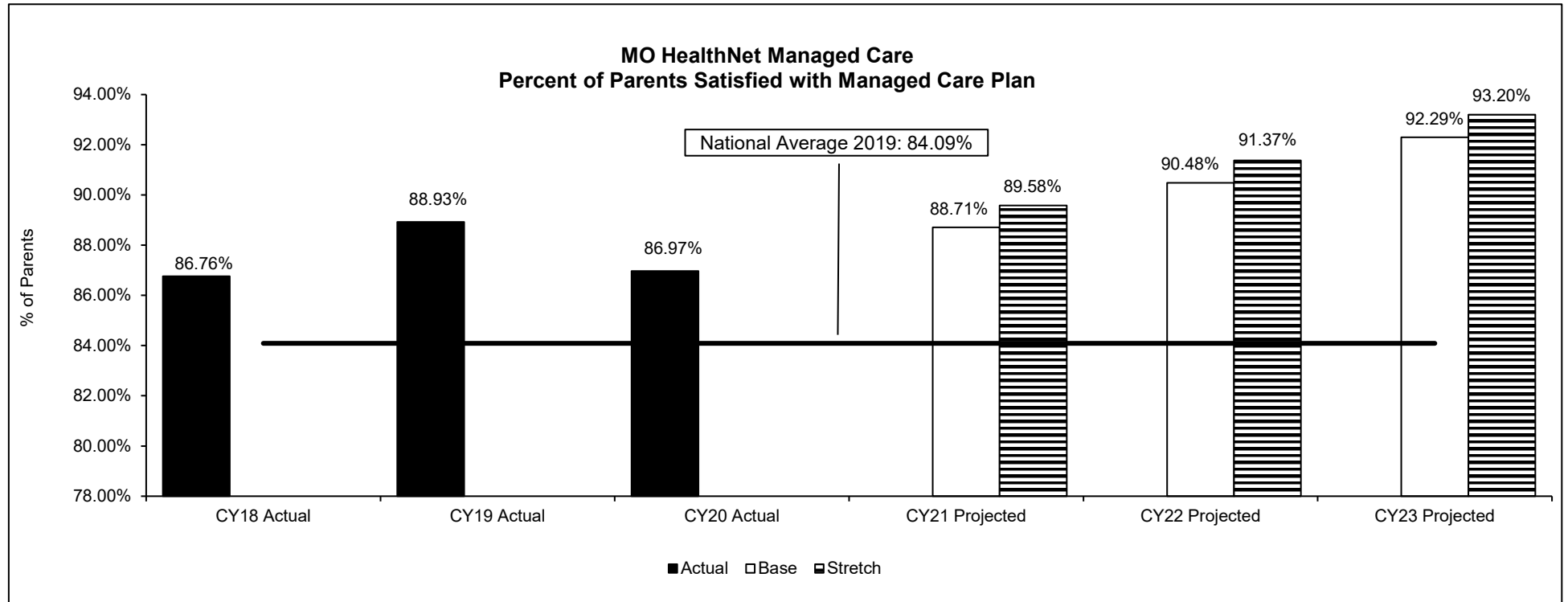
Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2b. Provide a measure(s) of the program's quality.



Note 1: Measure evaluates the number of participants indicating 8, 9, or 10 in their satisfaction with the program. Scale is based on 0 to 10 with 0 being the worst care and 10 being the best care possible.

Note 2: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

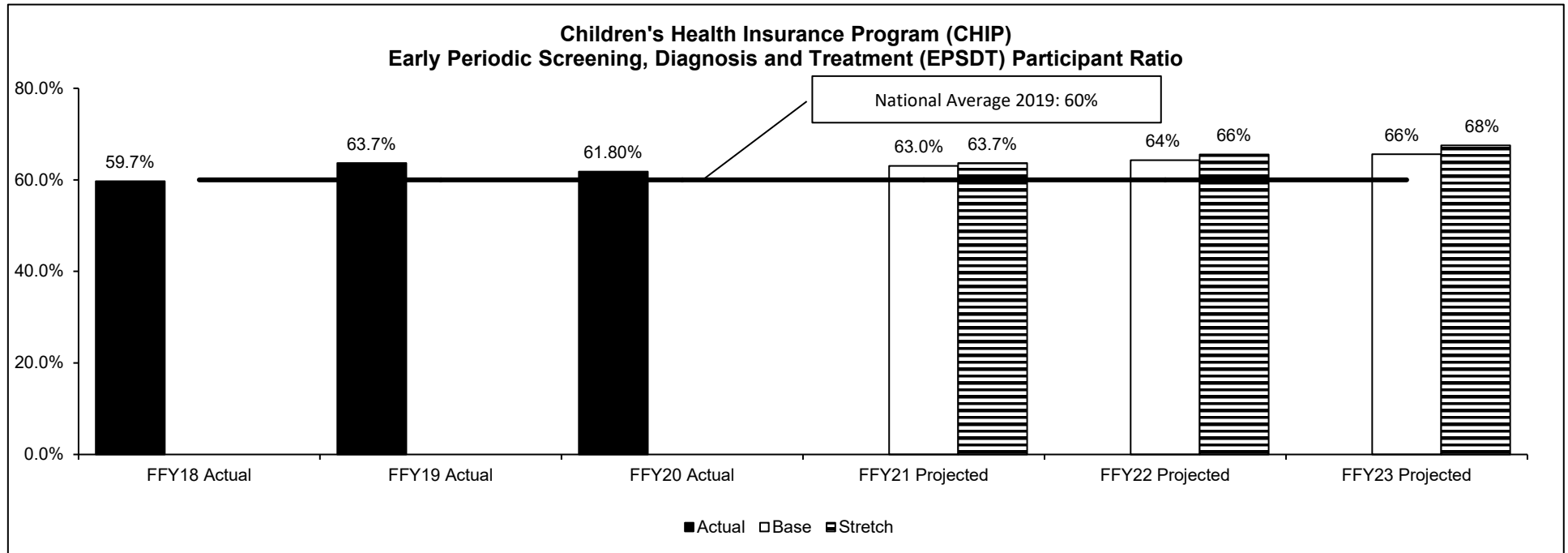
Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts the percentage of CHIP children who received at least one initial or periodic screening with those that actually did receive the screening.

Note 2: EPSDT is important because regular health and developmental exams keep children healthy and prevent illness and disability. An increased EPSDT ratio would be beneficial in terms of child health outcomes as well as by reducing MO HealthNet costs associated with treating serious preventable conditions over time.

Note 3: Data is reported on a Federal Fiscal Year (FFY) basis to CMS. Base is a 2% increase from the prior FFY Actual.

Note 4: FFY21 data is not available until Fall 2022.

PROGRAM DESCRIPTION

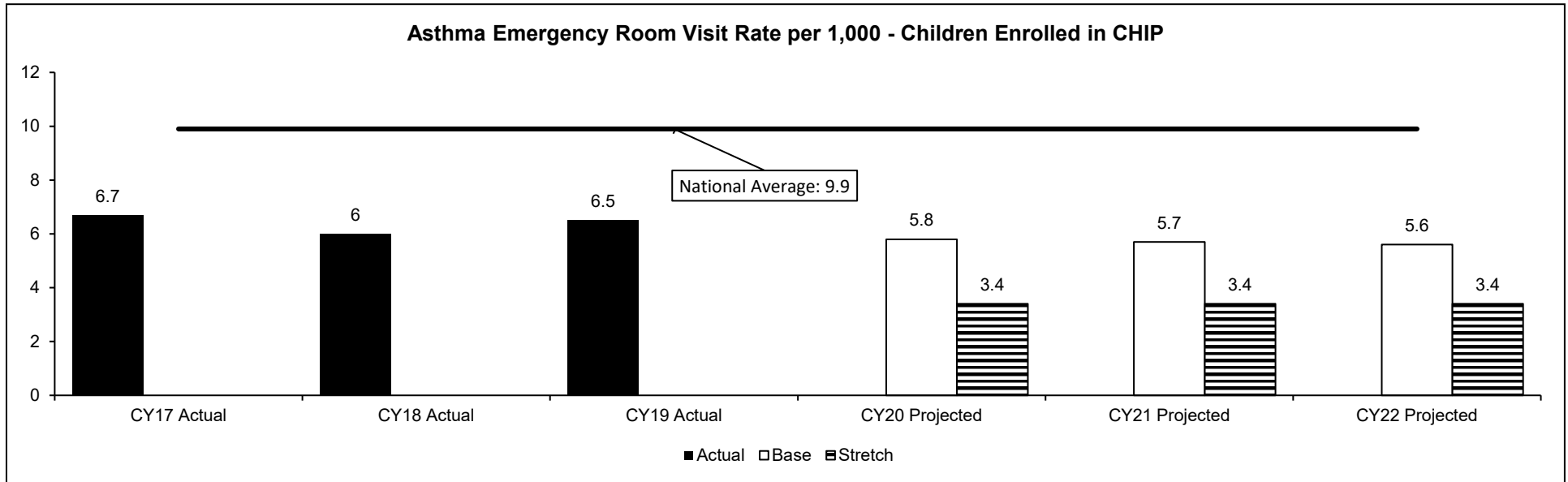
Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2d. Provide a measure(s) of the program's efficiency.



Note 1: On average, each Emergency Room (ER) visit for asthma costs \$669, compared to only \$92 for a visit to a Primary Care Physician; \$577 is saved for each ER visit avoided.

Note 2: In 2019, there were 269 ER visits for asthma among CHIP participants, leading to \$155,213 a year in costs that could be avoided if a Primary Care visit had taken place instead of an ER visit. Cost savings will be seen as a result of decreases in asthma related ER visit rates among CHIP participants occurs each year.

Note 3: Base is a 2% decrease from the prior CY Actual. Stretch is based on the 2018 Non-Medicaid Rate.

Note 4: There is a 2 year delay in data. CY20 data will be available in Fall of CY22.

PROGRAM DESCRIPTION

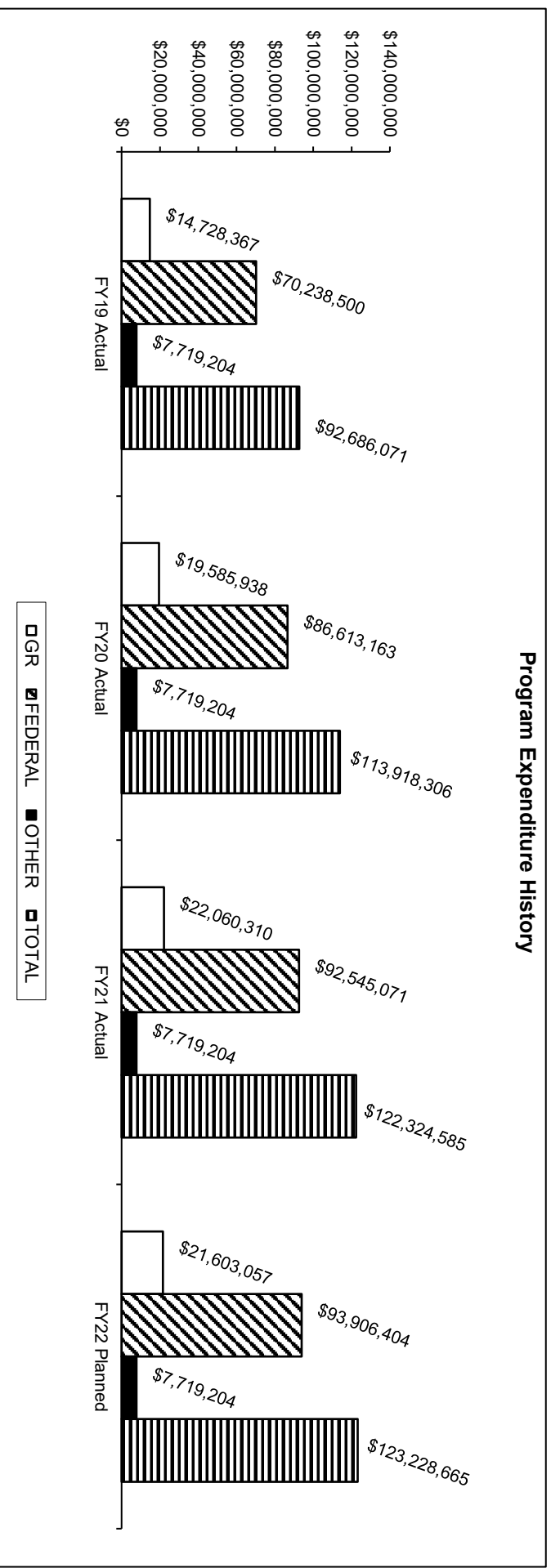
Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: Sections 208.631 through 208.658, RSMo; Federal Law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457.

6. Are there federal matching requirements? If yes, please explain.

The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Show-Me Healthy Babies

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Show-Me Healthy Babies

Budget Unit: 88855C

HB Section: 11.805

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	12,772,474	40,791,274	0	53,563,748
TRF	0	0	0	0
Total	12,772,474	40,791,274	0	53,563,748
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds services for targeted low-income unborn children from families with household incomes up to 300% of the Federal Poverty Level (FPL). Services include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, birth, and postpartum care.

3. PROGRAM LISTING (list programs included in this core funding)

Show-Me Healthy Babies

CORE DECISION ITEM

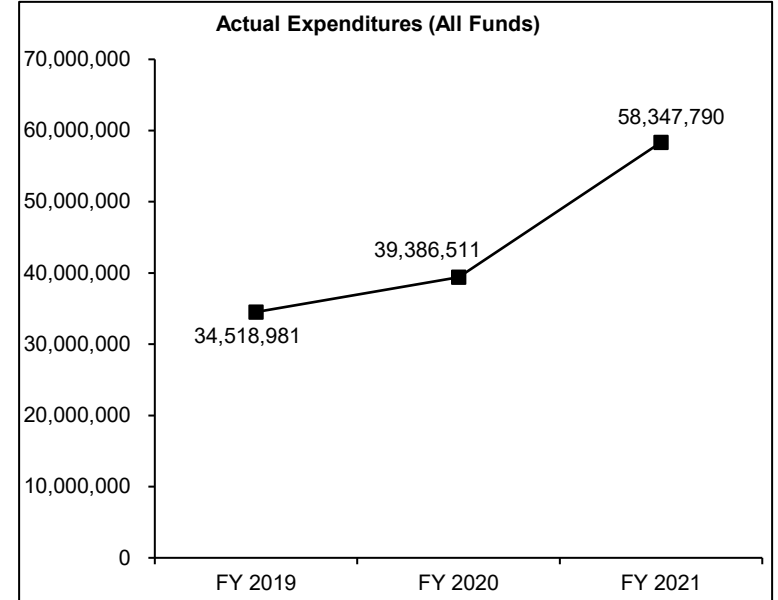
Department: Social Services
Division: MO HealthNet
Core: Show-Me Healthy Babies

Budget Unit: 88855C

HB Section: 11.805

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	34,558,982	39,543,698	75,186,797	60,296,982
Less Reverted (All Funds)	(600)	(600)	(600)	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	34,558,382	39,543,098	75,186,197	60,296,982
Actual Expenditures (All Funds)	34,518,981	39,386,511	58,347,790	N/A
Unexpended (All Funds)	39,401	156,587	16,838,407	N/A
Unexpended, by Fund:				
General Revenue	19,400	102,403	3,590,572	N/A
Federal	20,001	54,184	13,247,835	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$4,699,597 GR and \$14,159,358 Fed was flexed in to cover program expenditures. \$19,400 was held in Agency Reserve in the General Revenue Fund (0101). \$20,000 was held in Agency Reserve in the Federal Fund (0610).

(2) FY20 - \$5,250,000 Fed was flexed in to cover program expenditures. \$19,400 GR was held in Agency Reserve in the General Revenue Fund (0101).

(3) FY21 - \$250,000 GR and \$1,000,000 Fed was flexed in to cover program expenditures. \$3,927,810 Fed was used a flex to cover program expenditures.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES SHOW-ME BABIES

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
	PD		0.00	14,347,667	45,949,315	0	60,296,982	
	Total		0.00	14,347,667	45,949,315	0	60,296,982	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1194 9380	PD	0.00	(1,575,193)	0	0	(1,575,193)	Reduction due to estimated lapse.
Core Reduction	1194 7563	PD	0.00	0	(5,158,041)	0	(5,158,041)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES			0.00	(1,575,193)	(5,158,041)	0	(6,733,234)	
DEPARTMENT CORE REQUEST								
	PD		0.00	12,772,474	40,791,274	0	53,563,748	
	Total		0.00	12,772,474	40,791,274	0	53,563,748	
GOVERNOR'S RECOMMENDED CORE								
	PD		0.00	12,772,474	40,791,274	0	53,563,748	
	Total		0.00	12,772,474	40,791,274	0	53,563,748	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	15,671,422	0.00	14,347,667	0.00	12,772,474	0.00	0	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	45,949,315	0.00	40,791,274	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	42,676,368	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	58,347,790	0.00	60,296,982	0.00	53,563,748	0.00	0	0.00
TOTAL	58,347,790	0.00	60,296,982	0.00	53,563,748	0.00	0	0.00
Managed Care (MC) Actuarial In - 1886030								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,010,427	0.00	0	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	3,235,957	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	4,246,384	0.00	0	0.00
TOTAL	0	0.00	0	0.00	4,246,384	0.00	0	0.00
GRAND TOTAL	\$58,347,790	0.00	\$60,296,982	0.00	\$57,810,132	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 88855C BUDGET UNIT NAME: Show-Me Healthy Babies HOUSE BILL SECTION: 11.805	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$3,927,810	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Hospital Care.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
CORE								
PROGRAM DISTRIBUTIONS	58,347,790	0.00	60,296,982	0.00	53,563,748	0.00	0	0.00
TOTAL - PD	58,347,790	0.00	60,296,982	0.00	53,563,748	0.00	0	0.00
GRAND TOTAL	\$58,347,790	0.00	\$60,296,982	0.00	\$53,563,748	0.00	\$0	0.00
GENERAL REVENUE	\$15,671,422	0.00	\$14,347,667	0.00	\$12,772,474	0.00		0.00
FEDERAL FUNDS	\$42,676,368	0.00	\$45,949,315	0.00	\$40,791,274	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

1a. What strategic priority does this program address?

Provide eligible unborn children healthcare.

1b. What does this program do?

Effective January 1, 2016, Missouri established the Show-Me Healthy Babies program, a separate Children's Health Insurance Program (CHIP), for targeted low-income unborn children from families with household incomes up to 300% federal poverty level (FPL).

The unborn child's coverage period begins from the date of application and extends through birth. For the mother of the unborn child, postpartum coverage begins on the day the pregnancy ends and extends through the last day of the month which includes the sixtieth (60th) day after the pregnancy ends. Coverage for the child continues for up to one year after birth, unless otherwise prohibited by law or unless otherwise limited by the Missouri General Assembly through appropriations. The added benefit of Show-Me Healthy Babies is to keep mothers and babies healthy and avoid costly intensive care and long-term consequences of poor prenatal care such as chronic conditions and disabilities.

The program provides eligible unborn children a benefit package of essential, medically necessary health services in order to improve birth outcomes and decrease health problems during pregnancy, infancy, and childhood.

It also increases the number of women eligible for MO HealthNet during pregnancy, allowing access to prenatal and pregnancy services that benefit the health of the unborn child. This access to prenatal care is designed to promote healthy labor, delivery, birth, and postpartum care.

To be eligible for SMHB, pregnant women must meet the following guidelines:

- Self-attestation of pregnancy is accepted when making eligibility determinations and there is no waiting period for coverage to begin
- Household income must be at or below 300% of FPL
- No access to employer insurance or affordable private insurance which includes maternity benefits
- Pregnant woman cannot be eligible for any other MO HealthNet programs (with the exception of Uninsured Women's Health services, Extended Women's Health Services, or Gateway to Better Health)

Reimbursement Methodology

Services provided under the Show-Me Healthy Babies Program can be reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state.

PROGRAM DESCRIPTION

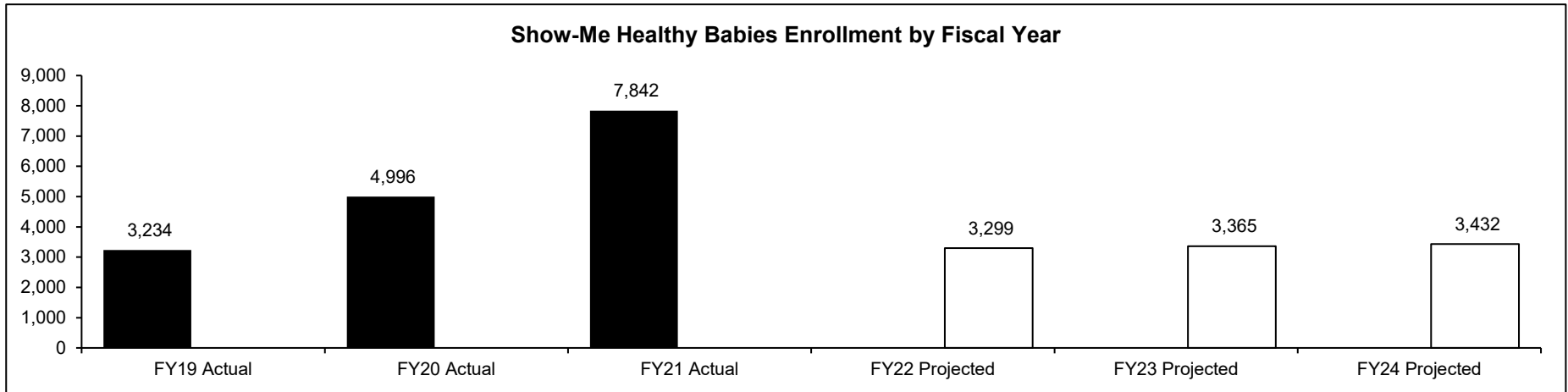
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total enrollment in Show-Me Healthy Babies.

Note 2: Enrollment drastically increased during FY20 through FY21 due to DSS not terminating eligibility during the COVID-19 pandemic. FY22 projections are based on a 2% increase from FY20. FY23 and FY24 projections are based on a 2% increase over their prior FY.

Note 3: Future projections are based on eligibility requirements as of 7/1/20.

PROGRAM DESCRIPTION

Department: Social Services

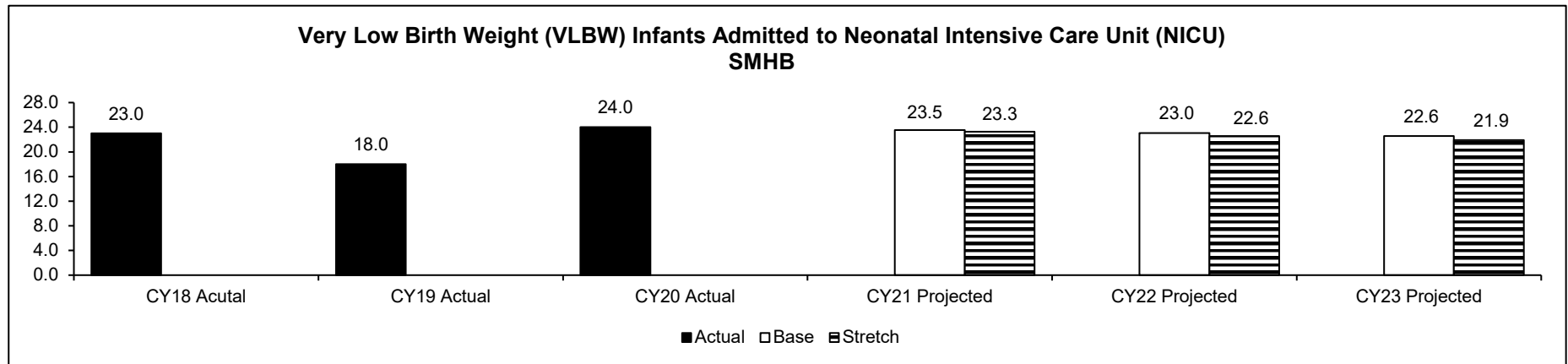
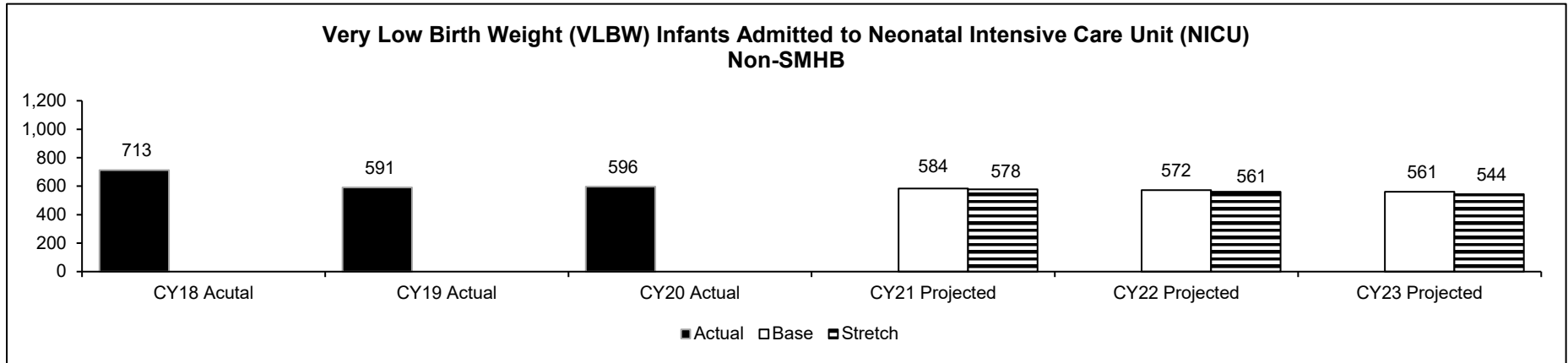
HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2b. Provide a measure(s) of the program's quality.

The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.



Note 1: Chart 1 depicts the number of Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams) for both Managed Care and FFS unduplicated participants under one year of age. (Data in previous Budget Books included participants born with a VLBW regardless in age)

Note 2: Chart 2 depicts Show-Me Healthy Babies born with a VLBW (less than 1500 grams). (Data in previous Budget Books included participants born with a VLBW regardless in age)

PROGRAM DESCRIPTION

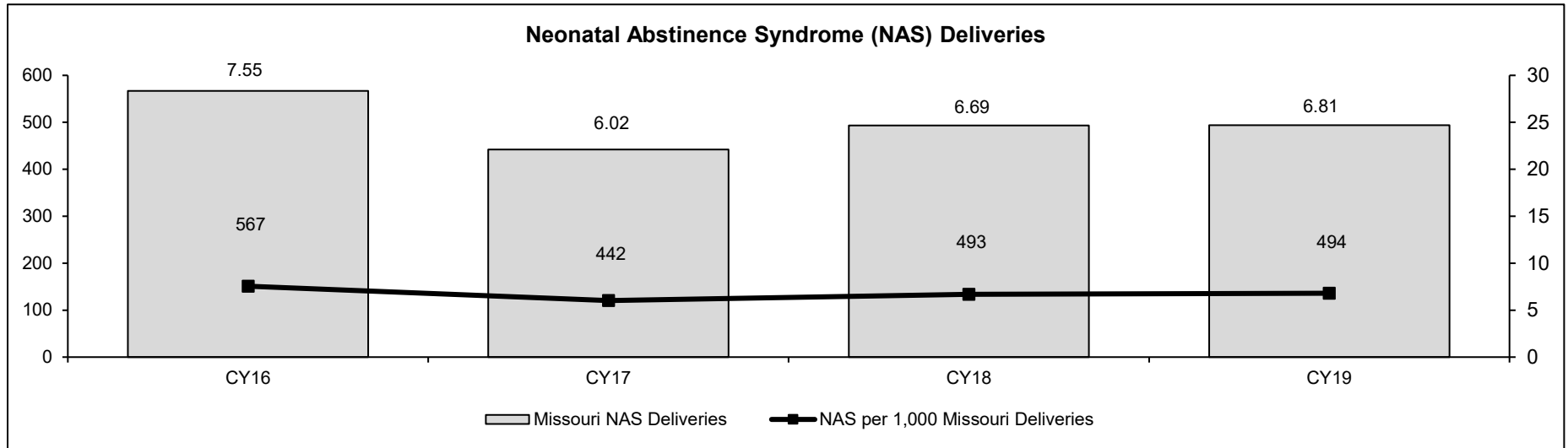
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts Missouri Neonatal Abstinence Syndrome (NAS) deliveries in Missouri. CY20 will not be available until January 2022.

Note 2: NAS occurs when babies are born addicted to certain drugs and is associated with the opioid epidemic. These infants are at a risk for low birth weight, being born prematurely, and often needed to be admitted to a Neonatal Intensive Care Unit.

Note 3: Show-Me Healthy Babies began in 2016 and will help address the increase in NAS by providing prenatal care to mothers who would otherwise not have health coverage. The increase in counts/rates between 2015 and 2016 was due to the ICD coding system change that occurred at the that time.

Note 4: NAS figures have been updated going back to 2016 based on guidance from national organizations in order to more appropriately quantify NAS across state boundaries.

PROGRAM DESCRIPTION

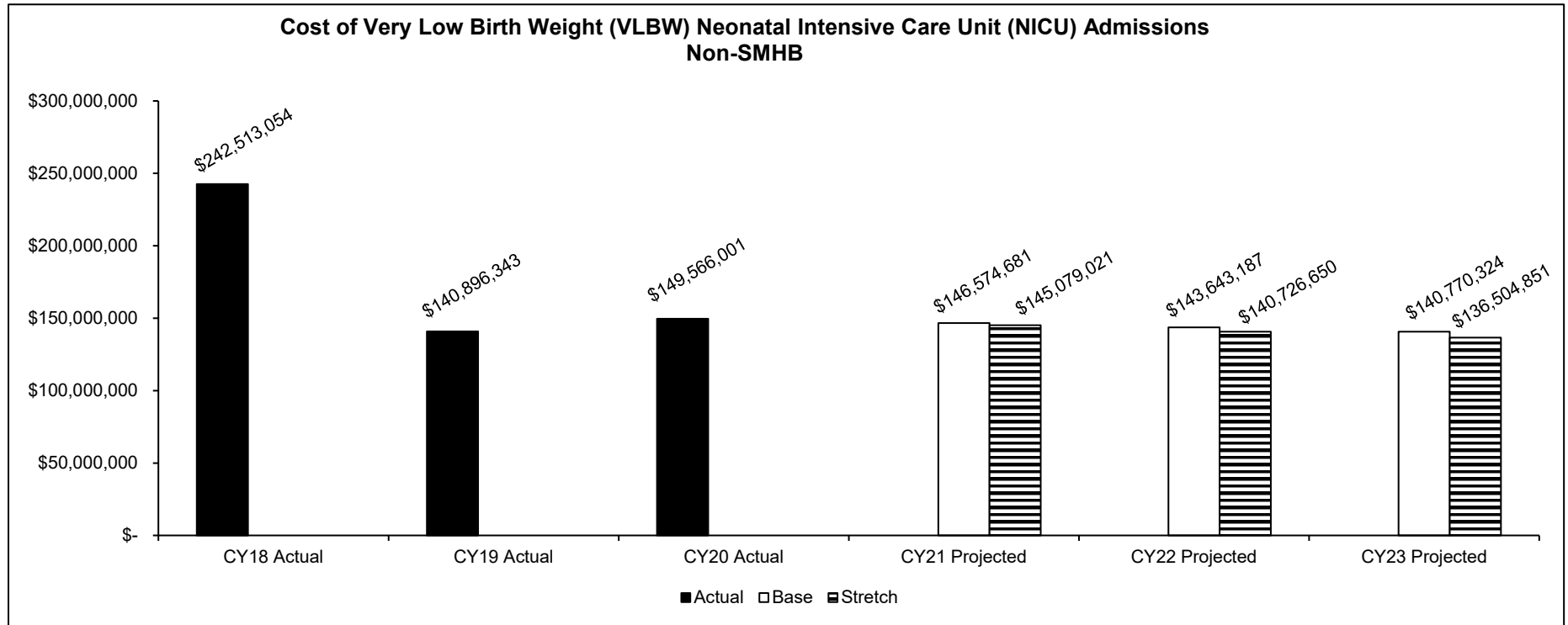
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2d. Provide a measure(s) of the program's efficiency.



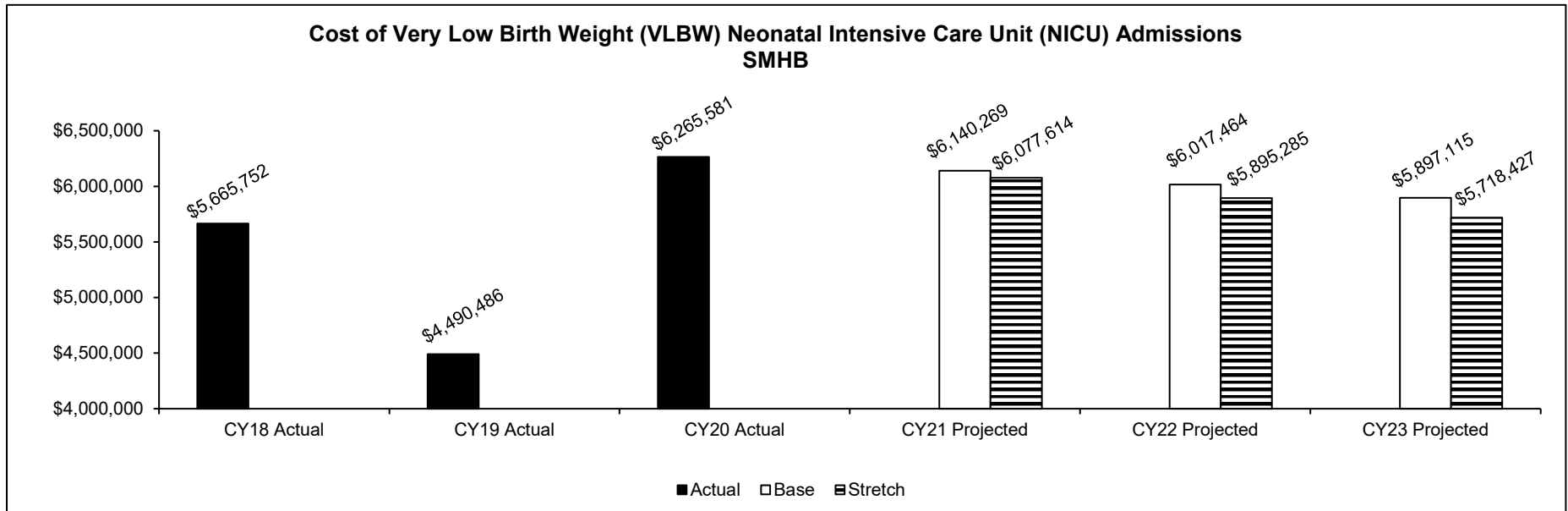
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)



Note 1: Chart 1 depicts the cost of Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams). (Data in previous Budget Books included participants born with a VLBW regardless in age)

Note 2: Chart 2 depicts the cost of Show-Me Healthy Babies born with a VLBW (less than 1500 grams). (Data in previous Budget Books included participants born with a VLBW regardless in age)

Note 3: CY 2016 cost was low due to the implementation of the program. As enrollment grew in preceding years, the cost did also.

Note 4: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In 2021, among 2,171 Show-Me Healthy Babies deliveries, only 1.11% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available.

PROGRAM DESCRIPTION

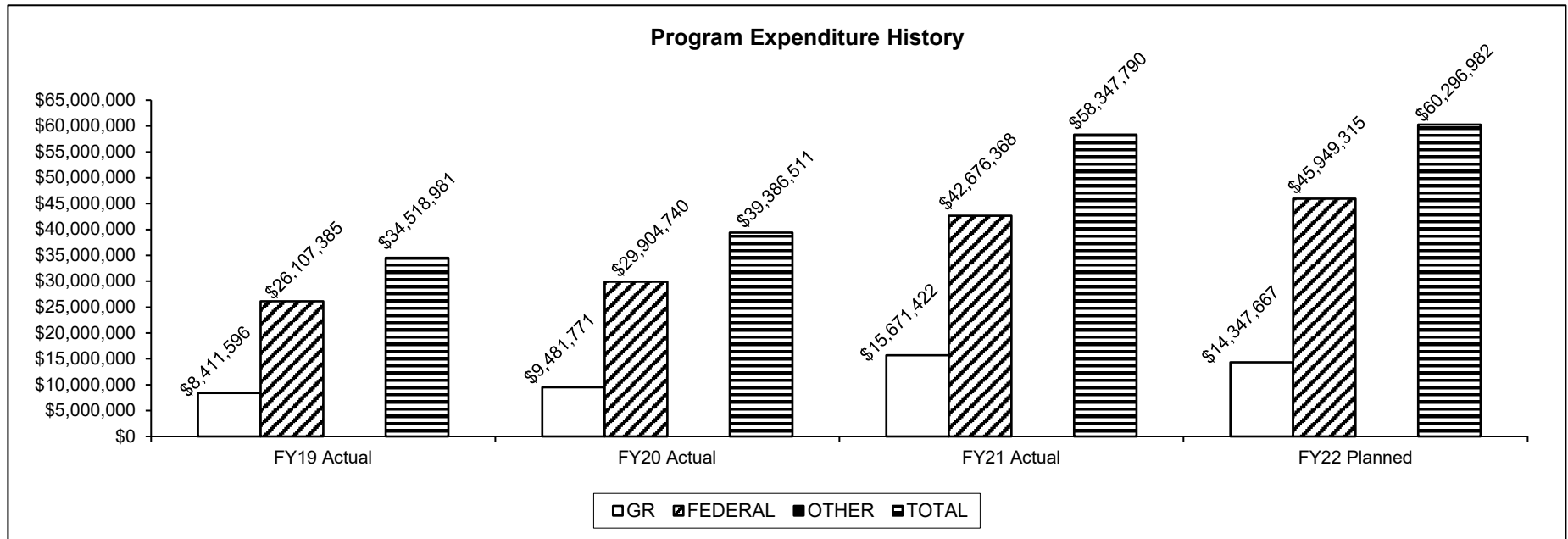
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: Section 208.662, RSMo. Federal law: Social Security Act, Title XXI. Federal Regulations: 42 CFR 457.10.

6. Are there federal matching requirements? If yes, please explain.

In FFY 2020 (October 1, 2020) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - School District Medicaid Claiming

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: School District Medicaid Claiming

Budget Unit: 90569C
 HB Section: 11.810

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	242,525	41,653,770	0	41,896,295
TRF	0	0	0	0
Total	242,525	41,653,770	0	41,896,295
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds payments for School District Administrative Claiming (SDAC) and Individualized Education Plan (IEP) school-based health services (SBHS).

3. PROGRAM LISTING (list programs included in this core funding)

School-based administrative and school-based early and periodic screening, diagnostic, and treatment (EPSDT) services.

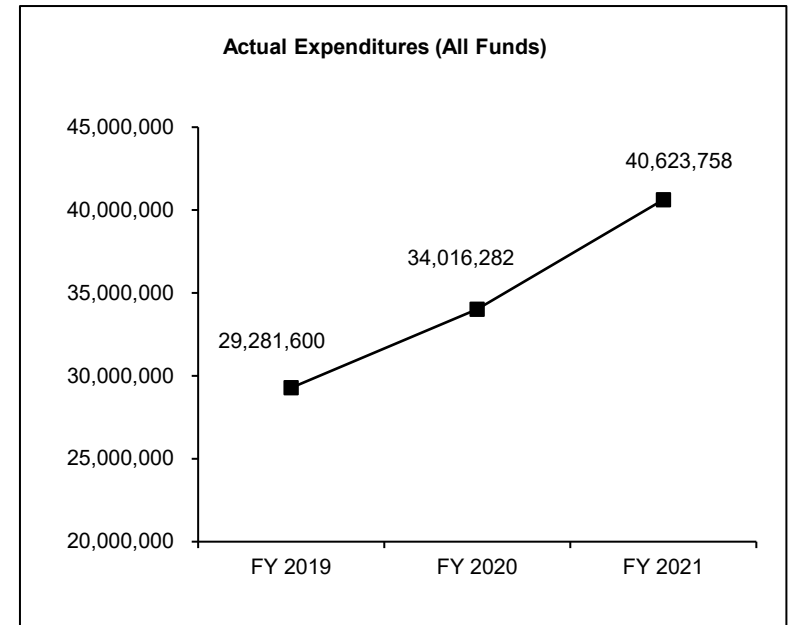
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: School District Medicaid Claiming

Budget Unit: 90569C
HB Section: 11.810

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	34,896,295	41,896,295	41,896,295	41,896,295
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	34,896,295	41,896,295	41,896,295	41,896,295
Actual Expenditures (All Funds)	29,281,600	34,016,282	40,623,758	N/A
Unexpended (All Funds)	5,614,695	7,880,013	1,272,537	N/A
Unexpended, by Fund:				
General Revenue	62,759	49,963	68,381	N/A
Federal	5,551,936	7,830,050	1,204,156	N/A
Other	0	0	0	N/A



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SCHOOL DISTRICT CLAIMING**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	
DEPARTMENT CORE REQUEST							
	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SCHOOL DISTRICT CLAIMING								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	174,144	0.00	242,525	0.00	242,525	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	40,449,614	0.00	41,653,770	0.00	41,653,770	0.00	0	0.00
TOTAL - PD	40,623,758	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
TOTAL	40,623,758	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
School Distirct Claiming Autho - 1886042								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	16,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	16,000,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	16,000,000	0.00	0	0.00
GRAND TOTAL	\$40,623,758	0.00	\$41,896,295	0.00	\$57,896,295	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SCHOOL DISTRICT CLAIMING								
CORE								
PROGRAM DISTRIBUTIONS	40,623,758	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
TOTAL - PD	40,623,758	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
GRAND TOTAL	\$40,623,758	0.00	\$41,896,295	0.00	\$41,896,295	0.00	\$0	0.00
GENERAL REVENUE	\$174,144	0.00	\$242,525	0.00	\$242,525	0.00		0.00
FEDERAL FUNDS	\$40,449,614	0.00	\$41,653,770	0.00	\$41,653,770	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

1a. What strategic priority does this program address?

Reimbursement to school districts for Medicaid related health services

1b. What does this program do?

This program allows school districts to obtain Medicaid funding for School District Administrative Claiming (SDAC) administrative activities that support direct services and for direct services that are offered to children in the school district. Administrative activities include outreach to Medicaid and the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program benefit, also known as Healthy Children and Youth (HCY) program; referrals made for health services; and coordinating health services for students. Direct services are limited to physical, occupational, and speech therapy services; audiology; personal care; private duty nursing; and behavioral health services that are identified in an Individualized Education Plan for school age children.

Public and charter schools recognized by the Department of Elementary and Secondary Education (DESE) are eligible to participate in SDAC and direct services. A cooperative agreement must be in place between the MO HealthNet Division and the school district in order to participate in SDAC and direct services. The school district must be a MO HealthNet enrolled provider in order to participate in direct services.

PROGRAM DESCRIPTION

Department: Social Services

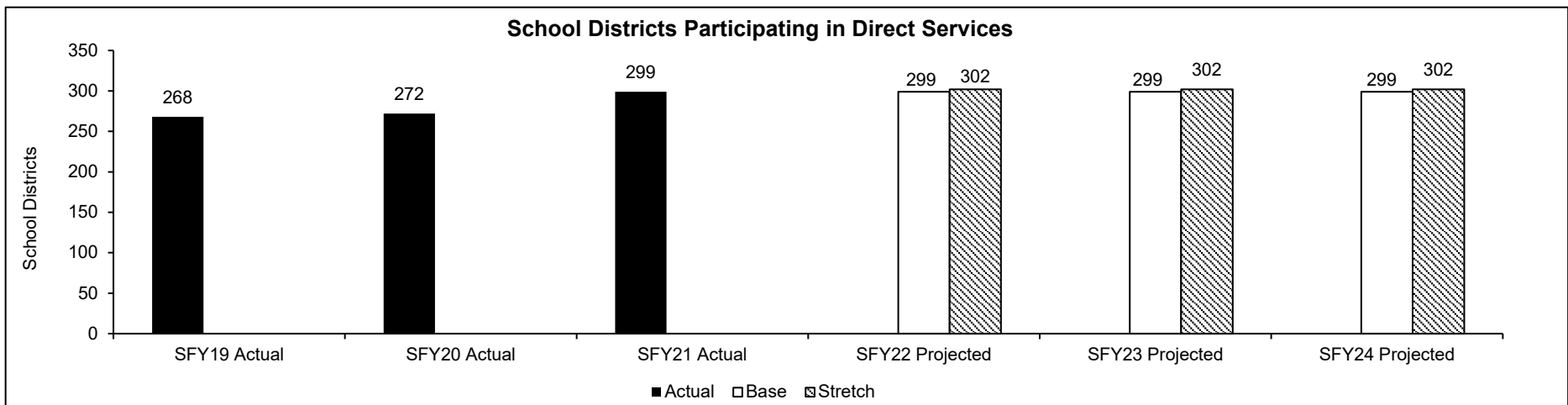
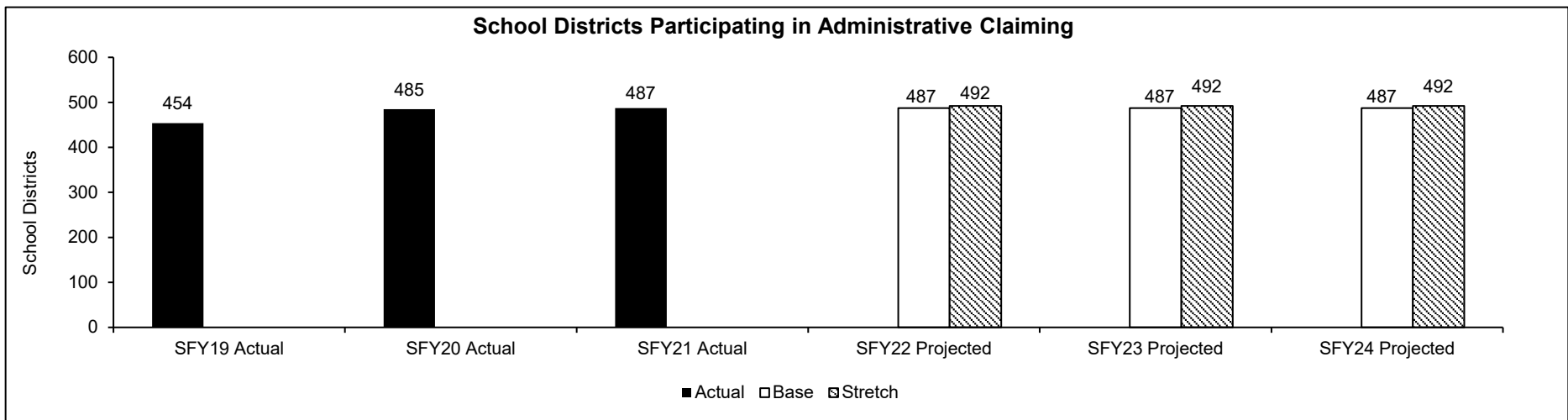
HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2a. Provide an activity measure(s) for the program.

As a result of allowing schools to receive reimbursement, 487 school districts are currently participating in SDAC and 299 school districts are enrolled to participate in direct services.



PROGRAM DESCRIPTION

Department: Social Services

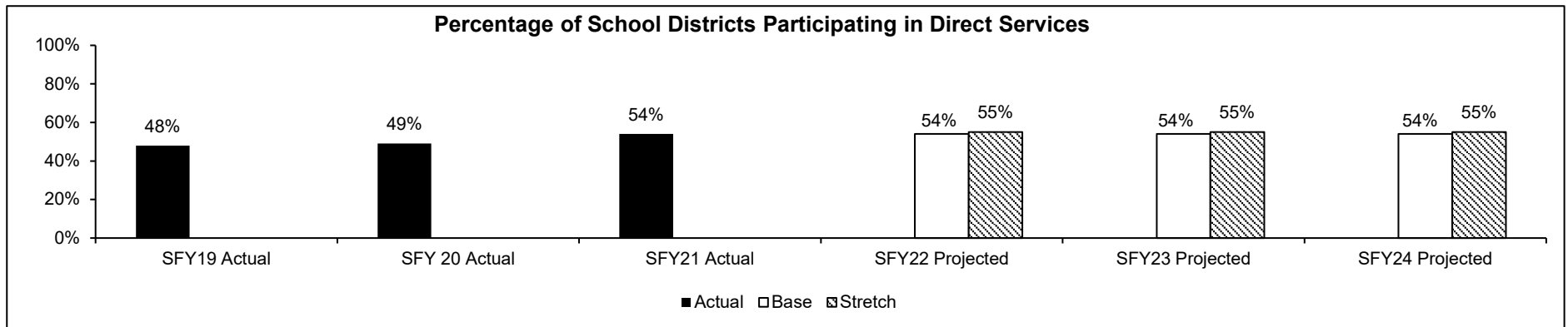
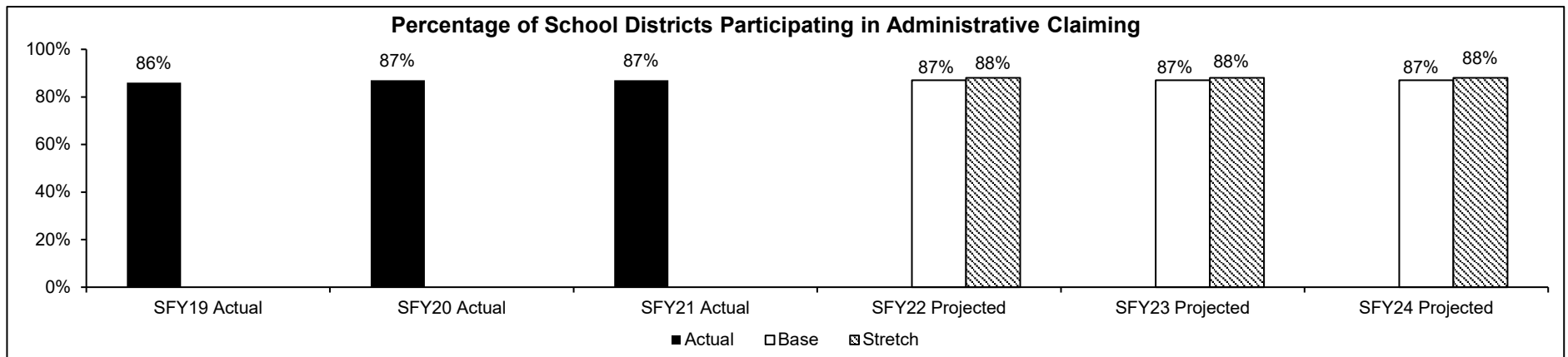
HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2b. Provide a measure(s) of the program's quality.

According to the Missouri School Board Association, the MO HealthNet Division (MHD), in strong partnership with Missouri schools, works cooperatively to ensure health care needs are met so that children can learn. School District Administrative Claiming (SDAC), Non-Emergency Medical Transportation (NEMT) and designated medical services received by students with disabilities (Direct Services) are three programs under MHD that partially reimburse school districts for providing medical services to otherwise qualified children, without impacting the state's general revenue. According to the Missouri School Board Association, access to quality medical services and revenue to support those services is vital to children and to the schools that serve them as it allows children with health care needs to attend school and to achieve at a level commensurate with their peers, without adversely impacting the overall quality of education in the district.



PROGRAM DESCRIPTION

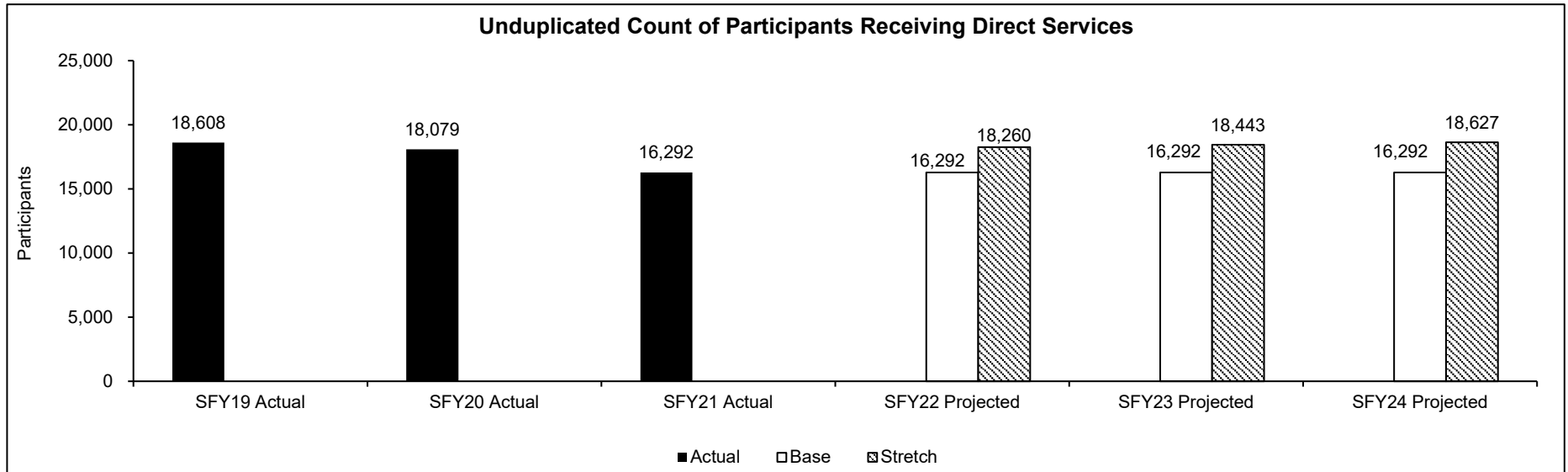
Department: Social Services

HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2c. Provide a measure(s) of the program's impact.



*Decrease in the number of participants in FY20/FY21 receiving direct services was due to COVID (children were not accessing services since they spent fewer in person days at school).

PROGRAM DESCRIPTION

Department: Social Services

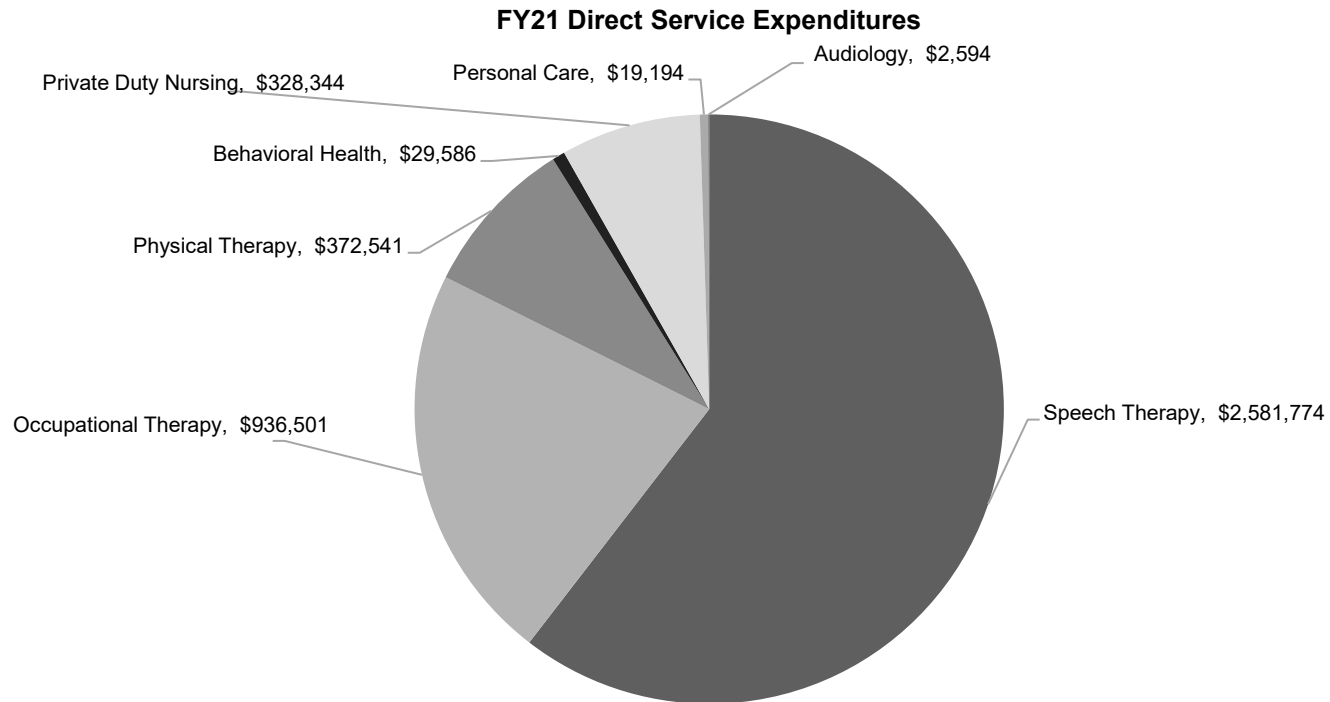
HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2d. Provide a measure(s) of the program's efficiency.

School districts are responsible for the state match and the MO HealthNet Division will draw down the federal match. Administrative activities provided through the SDAC program allow the school to assist with eligibility outreach, coordination, and referrals for improved health care for students. Direct services allow the student to receive necessary medical services to be successful in the school setting. Some services below can be provided in person or by telehealth.



*No telehealth expenditures in FY21 due to COVID.

PROGRAM DESCRIPTION

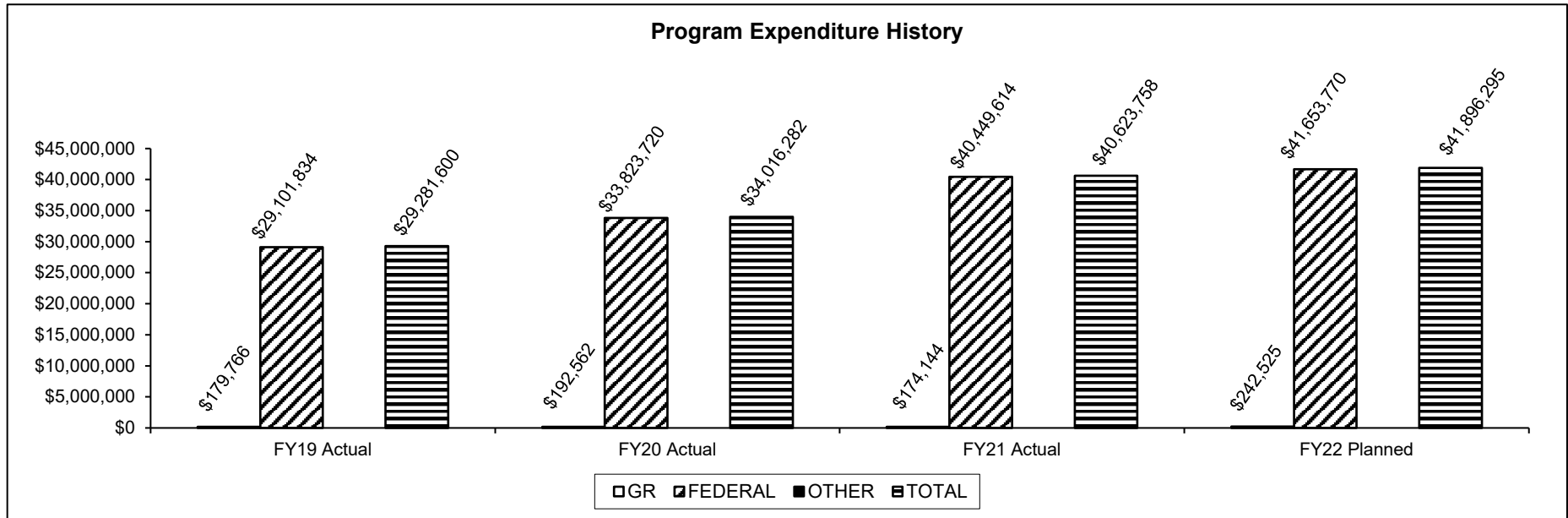
Department: Social Services

HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal regulation: 42 CFR 441.50 and 441.55-441.60.

6. Are there federal matching requirements? If yes, please explain.

Medicaid allowable services provided by school districts receive a federal medical assistance percentage (FMAP) on expenditures. Administrative expenditures earn a 50% federal match and the state matching requirement is 50%. Direct services earn Missouri's FMAP. The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

NDI – School District Claiming Authority

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet Division
DI Name: School District Administrative Claiming Auth Increase

DI# 1886042

Budget Unit: 90569C
HB Section: 11.810

1. AMOUNT OF REQUEST

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	16,000,000	0	16,000,000
TRF	0	0	0	0
Total	0	16,000,000	0	16,000,000
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: N/A
Non-Counts: N/A

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:
Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

NEW DECISION ITEM

Department: Social Services

Division: MO HealthNet Division

DI Name: School District Administrative Claiming Auth Increase

DI# 1886042

Budget Unit: 90569C

HB Section: 11.810

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

The Individualized Education Plan (IEP) Non Emergency Medical Transportation (NEMT) program is changing the payment methodology to a fee schedule that will be cost settled starting in FY22. Changing this methodology will make federal funds available to schools. There are currently 10 schools participating; however it is expected that this program will grow significantly due to the new program methodology. Cost settlements are projected to increase the amount of money paid out to the schools.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The Individualized Education Plan (IEP) Non Emergency Medical Transportation (NEMT) program is changing the payment methodology to a fee schedule that will be cost settled. Changing this methodology will make federal funds available to schools. There are currently 10 schools participating; however it is expected that this program will grow significantly due to the new program methodology. Cost settlements are projected to increase the amount of money paid out to the schools.

The estimated increase is projected to be \$16,000,000.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet Division
 DI Name: School District Administrative Claiming Auth Increase

DI# 1886042

Budget Unit: 90569C
 HB Section: 11.810

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	0	0.0	16,000,000	0.0	0	0.0	16,000,000	0.0	0
Total PSD	0	0.0	16,000,000	0.0	0	0.0	16,000,000	0.0	0
 Grand Total	 0	 0.0	 16,000,000	 0.0	 0	 0.0	 16,000,000	 0.0	 0.0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

- 6a. **Provide an activity measure(s) for the program.**
 Please see the SDAC core section for performance measures.
- 6b. **Provide a measure(s) of the program's quality.**
 Please see the SDAC core section for performance measures.
- 6c. **Provide a measure(s) of the program's impact.**
 Please see the SDAC core section for performance measures.
- 6d. **Provide a measure(s) of the program's efficiency.**
 Please see the SDAC core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SCHOOL DISTRICT CLAIMING								
School Distirct Claiming Autho - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	16,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	16,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$16,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$16,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Blind Pension Medical

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.815

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	20,765,956	0	0	20,765,956
TRF	0	0	0	0
Total	20,765,956	0	0	20,765,956
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This item funds a state-only health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid.

3. PROGRAM LISTING (list programs included in this core funding)

Blind Pension Medical

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.815

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	22,736,262	22,815,549	20,974,410	21,097,254
Less Reverted (All Funds)	(739,672)	(684,466)	(638,232)	(632,918)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	21,996,590	22,131,083	20,336,178	20,464,336
Actual Expenditures (All Funds)	21,996,590	20,777,859	20,313,149	N/A
Unexpended (All Funds)	0	1,353,224	23,029	N/A
Unexpended, by Fund:				
General Revenue	0	1,353,224	23,029	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
	(1)		(2)	

*Current Year restricted amount is as of 9/1/2021.

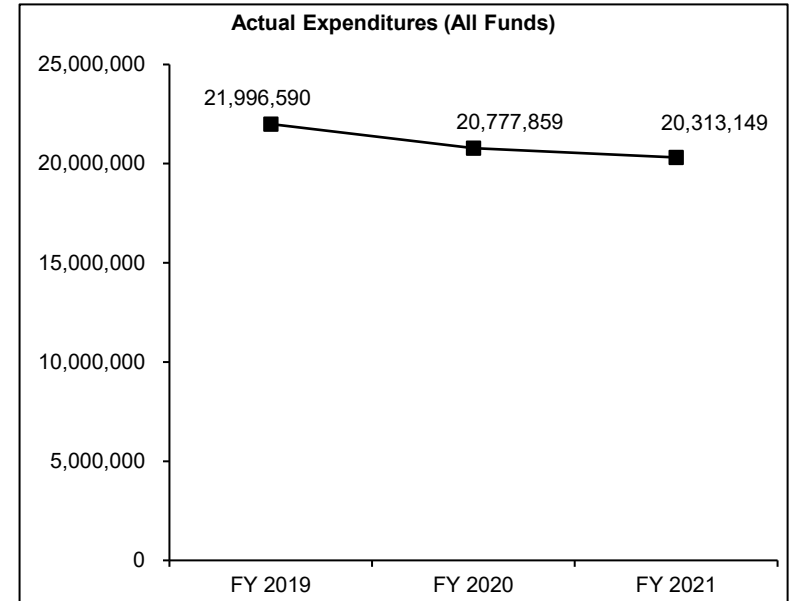
Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$1,919,476 GR was used as flex to cover other program expenditures.

(2) FY21 - \$300,000 GR was used as flex to cover other program expenditures.



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES BLIND PENSION MEDICAL BENEFITS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	21,097,254	0	0	21,097,254	
	Total	0.00	21,097,254	0	0	21,097,254	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1195 8416 PD	0.00	(331,298)	0	0	(331,298)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(331,298)	0	0	(331,298)	
DEPARTMENT CORE REQUEST							
	PD	0.00	20,765,956	0	0	20,765,956	
	Total	0.00	20,765,956	0	0	20,765,956	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	20,765,956	0	0	20,765,956	
	Total	0.00	20,765,956	0	0	20,765,956	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	20,313,149	0.00	21,097,254	0.00	20,765,956	0.00	0	0.00
TOTAL - PD	20,313,149	0.00	21,097,254	0.00	20,765,956	0.00	0	0.00
TOTAL	20,313,149	0.00	21,097,254	0.00	20,765,956	0.00	0	0.00
GRAND TOTAL	\$20,313,149	0.00	\$21,097,254	0.00	\$20,765,956	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90573C BUDGET UNIT NAME: Blind Pension Medical HOUSE BILL SECTION: 11.815	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$300,000	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care and Rehab and Specialty services.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM DISTRIBUTIONS	20,313,149	0.00	21,097,254	0.00	20,765,956	0.00	0	0.00
TOTAL - PD	20,313,149	0.00	21,097,254	0.00	20,765,956	0.00	0	0.00
GRAND TOTAL	\$20,313,149	0.00	\$21,097,254	0.00	\$20,765,956	0.00	\$0	0.00
GENERAL REVENUE	\$20,313,149	0.00	\$21,097,254	0.00	\$20,765,956	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.815

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

1a. What strategic priority does this program address?

Improve healthcare for blind participants

1b. What does this program do?

The Blind Pension Medical Program provides individuals with a state-only funded health care benefit package to accompany their monthly cash grant. The objectives of the program are to ensure proper health care for the general health and well-being of MO HealthNet participants, to ensure adequate supply of providers, and to increase preventive services for all MO HealthNet participants. Services provided under the Blind Pension Medical Program are reimbursed individually under the fee-for-service program and comprise .3% of the total MO HealthNet Division expenditures.

The Blind Pension Medical Program provides a state-only funded health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid. The Blind Pension benefit is provided for in law (ref. Missouri Constitution, Article III, Section 38 (b)) and includes the following eligibility requirements:

- Must be 18 years of age or older
- Missouri resident
- United States citizen or eligible non-citizen
- Has not given away, sold, or transferred real or personal property in order to be eligible for Blind Pension
- Effective 8/28/2018, is single, or married and living with spouse, and does not own real or personal property worth more than \$29,999
- Determined to be totally blind as defined by law (up to 5/200 or visual field of less than 5 degrees in the better eye)
- Willing to have a medical treatment or an operation to cure their blindness unless they are 75 years or older
- Is not a resident of a public, private, or endowed institution except a public medical institution
- Is found to be ineligible for Supplemental Aid to the Blind
- Is found ineligible to receive federal Supplemental Security Income benefits
- Effective 8/28/2018, does not have a valid drivers license in any state or territory
- Effective 8/28/2018, may not operate a motor vehicle
- Does not publicly solicit alms
- Is of good moral character
- Effective 8/28/2018, has no sighted spouse whose income is equal to or more than 500% of the Federal Poverty Level

PROGRAM DESCRIPTION

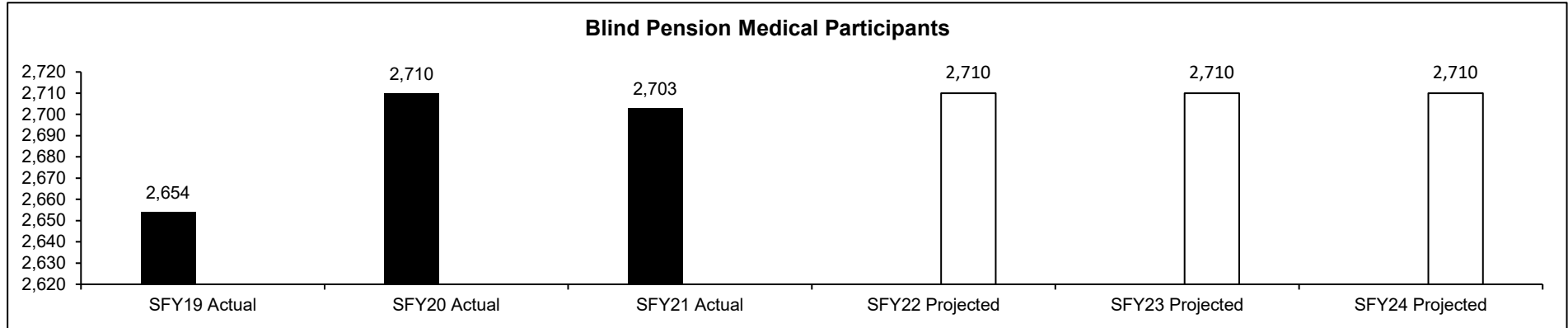
Department: Social Services

HB Section(s): 11.815

Program Name: Blind Pension Medical

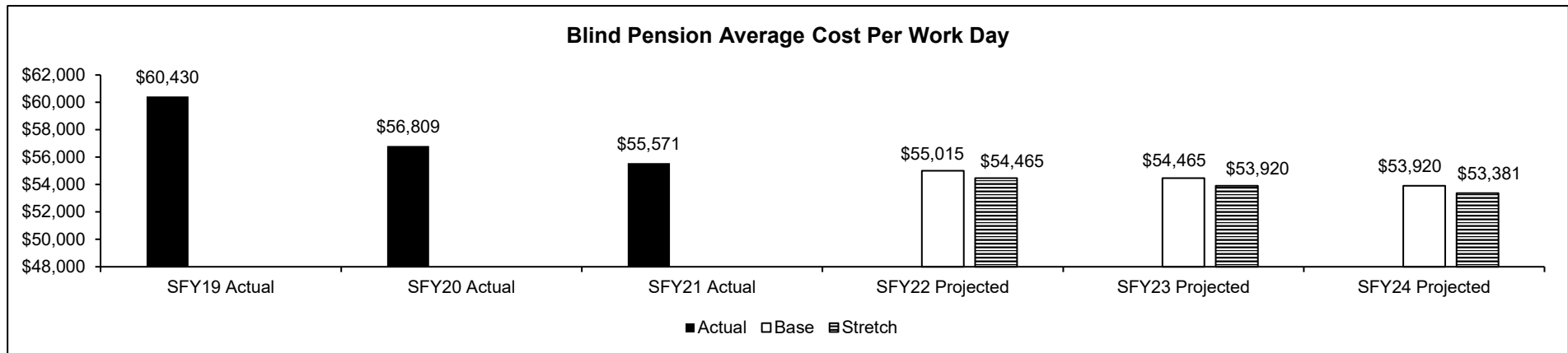
Program is found in the following core budget(s): Blind Pension Medical

2a. Provide an activity measure for the program.



Decrease in enrollment is due to cost containment measures. Blind Medical participants who are eligible under the Title XIV program are now receiving MO HealthNet benefits.

2b. Provide a measure of the program's quality.



MO HealthNet provides Medicaid coverage to blind pension medical participants when appropriate. Average cost per work day is found by taking the total amount of expenditures divided by the total number of days. Stretch amounts are decreasing due to participants being moved to Medicaid when appropriate.

PROGRAM DESCRIPTION

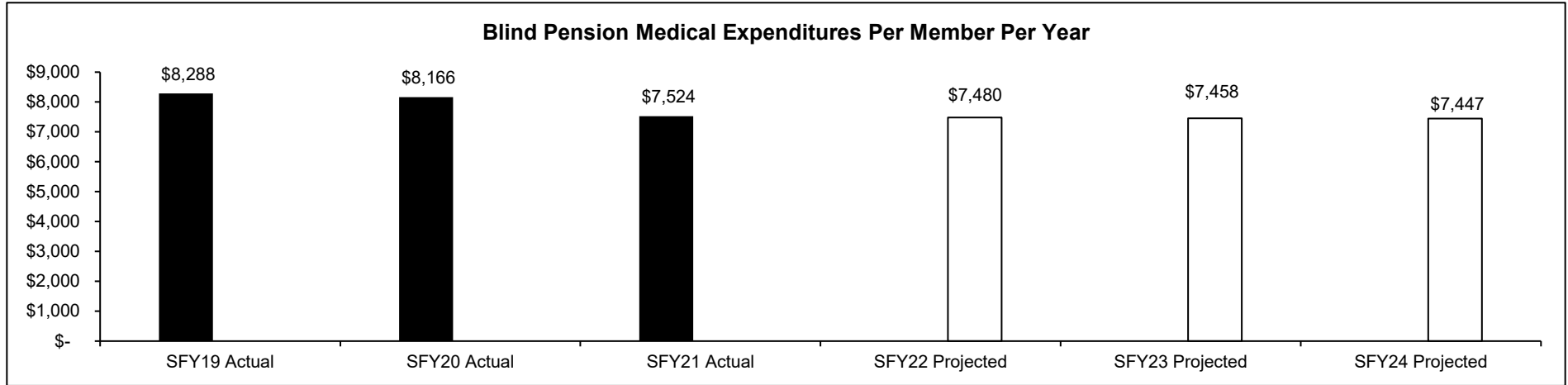
Department: Social Services

HB Section(s): 11.815

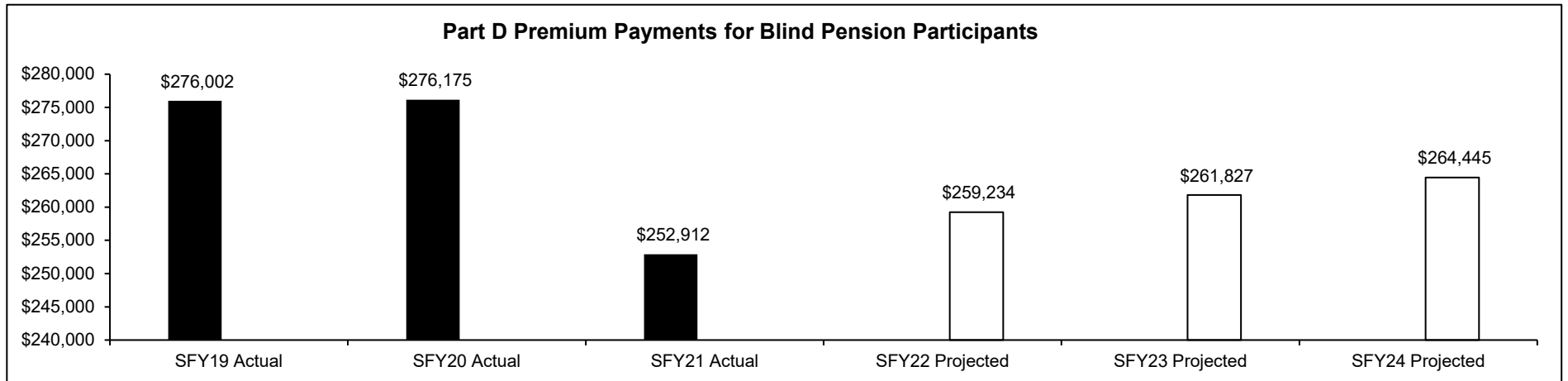
Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

2c. Provide a measure of the program's impact.



2d. Provide a measure of the program's efficiency.



For qualifying blind pension participants, MO HealthNet pays the Medicare Part D premium.

PROGRAM DESCRIPTION

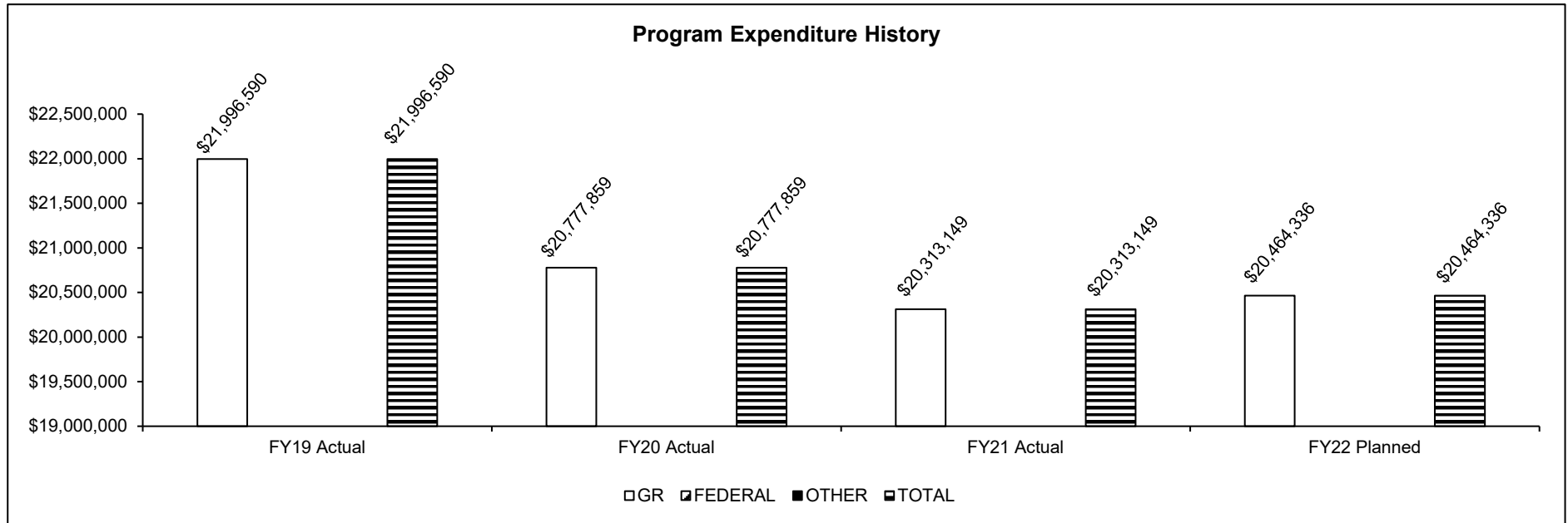
Department: Social Services

HB Section(s): 11.815

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2022 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.151 and 208.152, RSMo.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - IGT DMH Medicaid Program

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.855

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	500,077,646	207,740,879	707,818,525
TRF	0	0	0	0
Total	0	500,077,646	207,740,879	707,818,525
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$207,740,879

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

The item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for Community Psychiatric Rehabilitation (CPR) services, Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) services, Targeted Case Management (TCM) for behavioral health services, and Certified Community Behavioral Health Organizations (CCBHO).

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for DMH Medicaid Program.

CORE DECISION ITEM

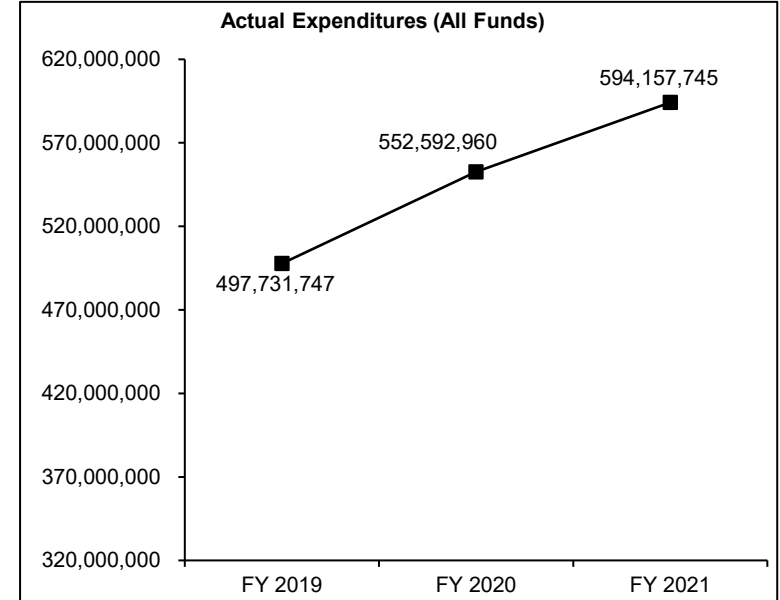
Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.855

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	680,646,994	703,559,867	707,818,525	707,818,525
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	680,646,994	703,559,867	707,818,525	707,818,525
Actual Expenditures (All Funds)	497,731,747	552,592,960	594,157,745	N/A
Unexpended (All Funds)	182,915,247	150,966,907	113,660,780	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	138,718,579	95,620,913	64,794,229	N/A
Other	44,196,668	55,345,994	48,866,551	N/A



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES IGT DMH MEDICAID PROGRAM

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	435,283,417	0.00	500,077,646	0.00	500,077,646	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	158,874,328	0.00	207,740,879	0.00	207,740,879	0.00	0	0.00
TOTAL - PD	594,157,745	0.00	707,818,525	0.00	707,818,525	0.00	0	0.00
TOTAL	594,157,745	0.00	707,818,525	0.00	707,818,525	0.00	0	0.00
GRAND TOTAL	\$594,157,745	0.00	\$707,818,525	0.00	\$707,818,525	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	594,157,745	0.00	707,818,525	0.00	707,818,525	0.00	0	0.00
TOTAL - PD	594,157,745	0.00	707,818,525	0.00	707,818,525	0.00	0	0.00
GRAND TOTAL	\$594,157,745	0.00	\$707,818,525	0.00	\$707,818,525	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$435,283,417	0.00	\$500,077,646	0.00	\$500,077,646	0.00		0.00
OTHER FUNDS	\$158,874,328	0.00	\$207,740,879	0.00	\$207,740,879	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.855

Program Name: IGT DMH Medicaid Program

Program is found in the following core budget(s): IGT DMH Medicaid Program

1a. What strategic priority does this program address?

Support DMH Behavioral Health Programs

1b. What does this program do?

This program provides payments for Community Psychiatric Rehabilitation (CPR), Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR), behavioral health Targeted Case Management (TCM) and Certified Community Behavioral Health Organizations (CCBHO). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR, CPR, TCM and CCBHC services. The state match is provided using an IGT.

Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer to the Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid funds. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Beginning in FY 11, the MO HealthNet Division changed from a Certified Public Expenditure (CPE) process to an Intergovernmental Transfer (IGT) process for the non-federal share of CPR, CSTAR, TCM, and CCBHO services. MO HealthNet pays DMH a reasonable rate for the total costs of providing CPR, CSTAR, TCM, and CCBHO services. The IGT transfer proves that the state match is available for the CPR, CSTAR, TCM and CCBHO programs. The appropriated transfer from General Revenue is in the DMH budget. Under this methodology, reimbursement rates are established for CSTAR, CPR, TCM and CCBHO services and the MHD will reimburse DMH both the state and the federal share for these services.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

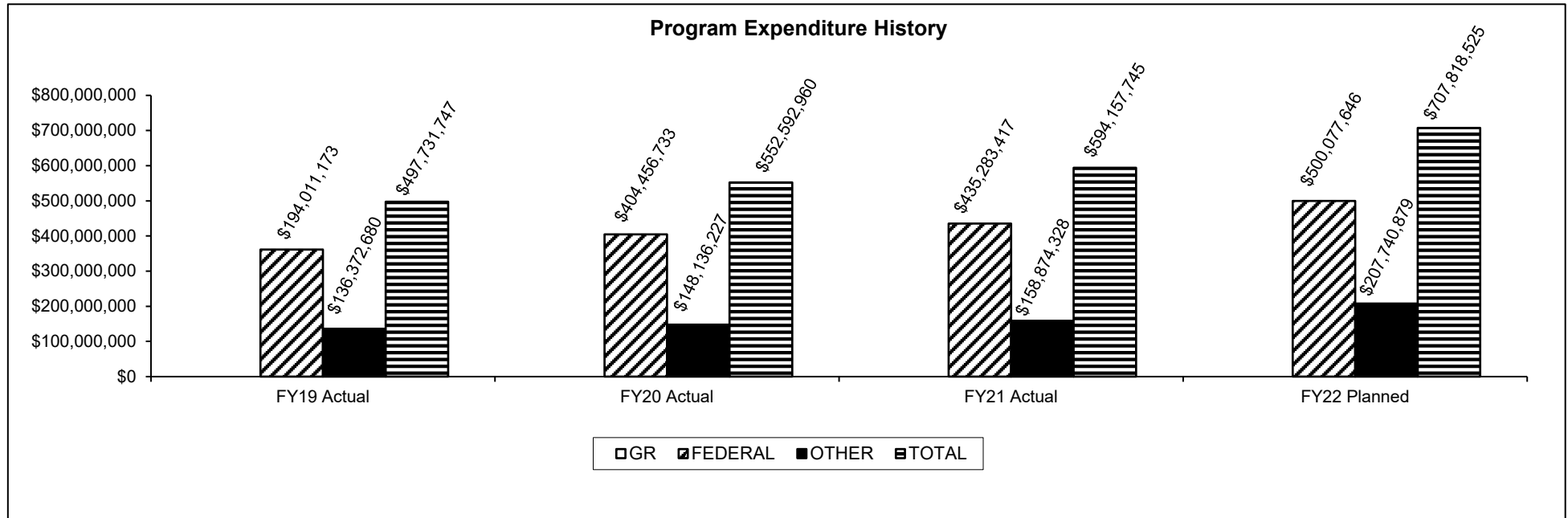
Department: Social Services

HB Section(s): 11.855

Program Name: IGT DMH Medicaid Program

Program is found in the following core budget(s): IGT DMH Medicaid Program

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Non-Count Transfers

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

Budget Units: 90531C, 90570C, 90535C, 90537C, 90581C,
90583C, 90840C, 90845C, 90850C, 90855C, 90860C
HB Sections: 11.702, 11.850, 11.860, 11.865, 11.870,
11.875, 11.880, 11.885, 11.890, 11.895, 11.900

1. CORE FINANCIAL SUMMARY

FY 2023 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	924,226,331	0	1,062,800,496	1,987,026,827
Total	924,226,331	0	1,062,800,496	1,987,026,827
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Pharmacy Reimbursement Allowance Fund (0144) - \$38,737,111
Ambulance Service Reimbursement Allowance Fund (0958) - \$20,837,332
DSS Intergovernmental Transfer Fund (0139) - \$137,074,165
Federal Reimbursement Allowance Fund (0142) - \$653,701,378
Nursing Facility Reimbursement Allowance Fund (0196) - \$212,450,510

FY 2023 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance Transfer
Ambulance Service Reimbursement Allowance Transfer
Intergovernmental Transfer
Federal Reimbursement Allowance Transfer
Nursing Facility Reimbursement Allowance Transfer
Enhanced FMAP transfer

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

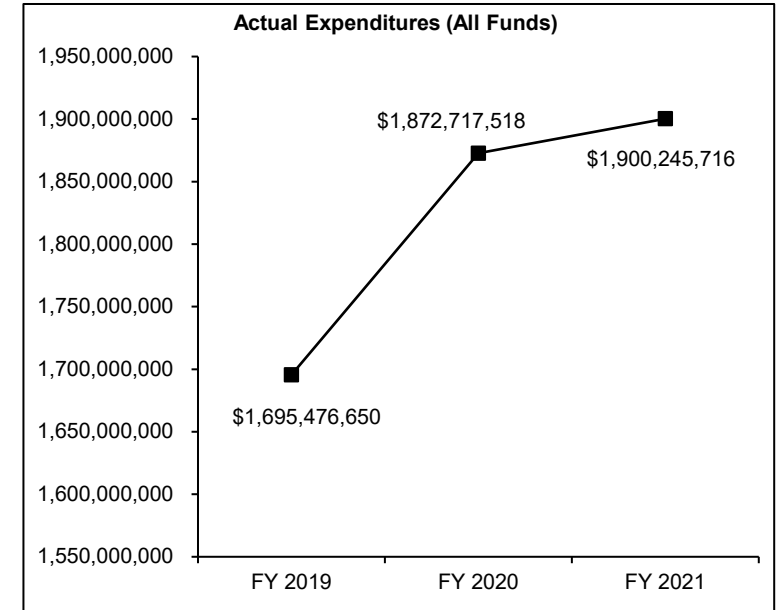
Budget Units:

90531C, 90570C, 90535C, 90537C, 90581C,
90583C, 90840C, 90845C, 90850C, 90855C, 90860C
11.702, 11.850, 11.860, 11.865, 11.870,
11.875, 11.880, 11.885, 11.890, 11.895, 11.900

HB Sections:

4. FINANCIAL HISTORY

	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	1,987,337,877	2,033,693,290	2,180,307,825	2,987,026,827
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,987,337,877	2,033,693,290	2,180,307,825	2,987,026,827
Actual Expenditures (All Funds)	1,695,476,650	1,872,717,518	1,900,245,716	N/A
Unexpended (All Funds)	291,861,227	160,975,772	280,062,109	N/A
Unexpended, by Fund:				
General Revenue	136,882,020	50,863,276	76,247,602	N/A
Federal	0	0	79,909,139	N/A
Other	154,979,207	110,112,496	123,905,368	N/A
			(1)	(2)



*Current Year restricted amount is as of 9/1/2021.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - Includes Enhanced FMAP Transfer for \$158,000,000

(2) FY22 - Includes transfers for \$500,000,000 to Budget Stabilization fund and \$500,000,000 to Medicaid Stabilization fund.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
ENHANCED FMAP TRANSFER**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				TRF	0.00		0 1,000,000,000		0 1,000,000,000	
				Total	0.00		0 1,000,000,000		0 1,000,000,000	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	455	T928		TRF	0.00		0 (500,000,000)		0 (500,000,000)	Reduction of Enhanced FMAP (Fund 0181) transfers.
Core Reduction	455	T908		TRF	0.00		0 (500,000,000)		0 (500,000,000)	Reduction of Enhanced FMAP (Fund 0181) transfers.
NET DEPARTMENT CHANGES					0.00		0 ,000,000,000)		0 ,000,000,000)	
DEPARTMENT CORE REQUEST										
				TRF	0.00		0	0	0	0
				Total	0.00		0	0	0	0
GOVERNOR'S RECOMMENDED CORE										
				TRF	0.00		0	0	0	0
				Total	0.00		0	0	0	0

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT EXPEND TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR PHARMACY FRA TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY FRA TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
AMBULANCE SRV REIM ALLOW TRF**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES GR AMBULANCE SRV REIM ALL TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES GR FRA-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FED REIMBURSE ALLOW-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES GR NFFRA-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY REIM-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY QLTY-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ENCHANCED FMAP TRANSFER								
CORE								
FUND TRANSFERS								
FMAP ENHANCEMENT FUND	78,090,861	0.00	1,000,000,000	0.00	0	0.00	0	0.00
TOTAL - TRF	78,090,861	0.00	1,000,000,000	0.00	0	0.00	0	0.00
TOTAL	78,090,861	0.00	1,000,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$78,090,861	0.00	\$1,000,000,000	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT EXPEND TRANSFER								
CORE								
FUND TRANSFERS								
INTERGOVERNMENTAL TRANSFER	89,416,399	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
TOTAL - TRF	89,416,399	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
TOTAL	89,416,399	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
GRAND TOTAL	\$89,416,399	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$27,160,776	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
PHARMACY REIMBURSEMENT ALLOWAN	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$27,160,776	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
AMBULANCE SRV REIM ALLOW TRF								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,408,361	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
<hr/>									
GR AMBULANCE SRV REIM ALL TRF									
CORE									
FUND TRANSFERS									
AMBULANCE SERVICE REIMB ALLOW	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
TOTAL - TRF	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
TOTAL	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
<hr/>									
GRAND TOTAL	\$6,408,361	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00	
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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GR FRA-TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL - TRF	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
MHD CTC - 1886029									
FUND TRANSFERS									
GENERAL REVENUE	0	0.00	0	0.00	65,000,000	0.00	0	0.00	
TOTAL - TRF	0	0.00	0	0.00	65,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	65,000,000	0.00	0	0.00	
GRAND TOTAL	\$653,701,378	0.00	\$653,701,378	0.00	\$718,701,378	0.00	\$0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
FED REIMBURSE ALLOW-TRANSFER									
CORE									
FUND TRANSFERS									
FEDERAL REIMBURSEMENT ALLOWANCE	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL - TRF	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
MHD CTC - 1886029									
FUND TRANSFERS									
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	65,000,000	0.00	0	0.00	
TOTAL - TRF	0	0.00	0	0.00	65,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	65,000,000	0.00	0	0.00	
GRAND TOTAL	\$653,701,378	0.00	\$653,701,378	0.00	\$718,701,378	0.00	\$0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GR NFFRA-TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL - TRF	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
GRAND TOTAL	\$160,708,214	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00	

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY REIM-TRANSFER								
CORE								
FUND TRANSFERS								
NURSING FACILITY FED REIM ALLW	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$160,708,214	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY QLTY-TRANSFER								
CORE								
FUND TRANSFERS								
NURSING FACILITY FED REIM ALLW	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ENCHANCED FMAP TRANSFER								
CORE								
TRANSFERS OUT	78,090,861	0.00	1,000,000,000	0.00	0	0.00	0	0.00
TOTAL - TRF	78,090,861	0.00	1,000,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$78,090,861	0.00	\$1,000,000,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$78,090,861	0.00	\$1,000,000,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT EXPEND TRANSFER								
CORE								
TRANSFERS OUT	89,416,399	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
TOTAL - TRF	89,416,399	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
GRAND TOTAL	\$89,416,399	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$89,416,399	0.00	\$137,074,165	0.00	\$137,074,165	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$27,160,776	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$27,160,776	0.00	\$38,737,111	0.00	\$38,737,111	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	27,160,776	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$27,160,776	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$27,160,776	0.00	\$38,737,111	0.00	\$38,737,111	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
AMBULANCE SRV REIM ALLOW TRF								
CORE								
TRANSFERS OUT	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,408,361	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$6,408,361	0.00	\$20,837,332	0.00	\$20,837,332	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR AMBULANCE SRV REIM ALL TRF								
CORE								
TRANSFERS OUT	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,408,361	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,408,361	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$6,408,361	0.00	\$20,837,332	0.00	\$20,837,332	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR FRA-TRANSFER								
CORE								
TRANSFERS OUT	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMBURSE ALLOW-TRANSFER								
CORE								
TRANSFERS OUT	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR NFFRA-TRANSFER								
CORE								
TRANSFERS OUT	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$160,708,214	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$160,708,214	0.00	\$210,950,510	0.00	\$210,950,510	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY REIM-TRANSFER								
CORE								
TRANSFERS OUT	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	160,708,214	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$160,708,214	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$160,708,214	0.00	\$210,950,510	0.00	\$210,950,510	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2021	FY 2021	FY 2022	FY 2022	FY 2023	FY 2023	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY QLTY-TRANSFER								
CORE								
TRANSFERS OUT	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

HB Section(s):

**11.702, 11.850, 11.860, 11.865, 11.870,
11.875, 11.880, 11.885, 11.890, 11.895, 11.900**

1a. What strategic priority does this program address?

Transfers between funds

1b. What does this program do?

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

Reimbursement Allowance Transfers

Federal Medicaid regulation requires states to establish they have sufficient state dollars available in order to receive federal Medicaid matching funds. The following transfers are used as accounting mechanisms to meet this requirement:

- Pharmacy
- Ambulance Service Reimbursement Allowance Transfer
- Federal Reimbursement Allowance Transfer
- Nursing Facility Reimbursement Allowance Transfer

NOTE: The provider assessment programs listed above have been reauthorized by the General Assembly through September 30, 2020.

Intergovernmental Transfer

State and local governmental units (including public providers) are authorized to transfer to the state Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid matching funds. These transfers are called intergovernmental transfers (IGTs) and maximize eligible state resources for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Nursing Facility Quality of Care Fund Transfer

In accordance with section 198.418.1, RSMo, funding up to 5% of the federal funds deposited to the Nursing Facility Reimbursement Allowance fund each year (not to exceed \$1,500,000) is transferred from the Nursing Facility Federal Reimbursement Allowance Fund to the Nursing Facility Quality of Care Fund to be used by the Department of Health and Senior Services (upon appropriation) for conducting inspections and surveys and providing training and technical assistance to facilities licensed under the provisions of Chapter 198.

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

Department: Social Services

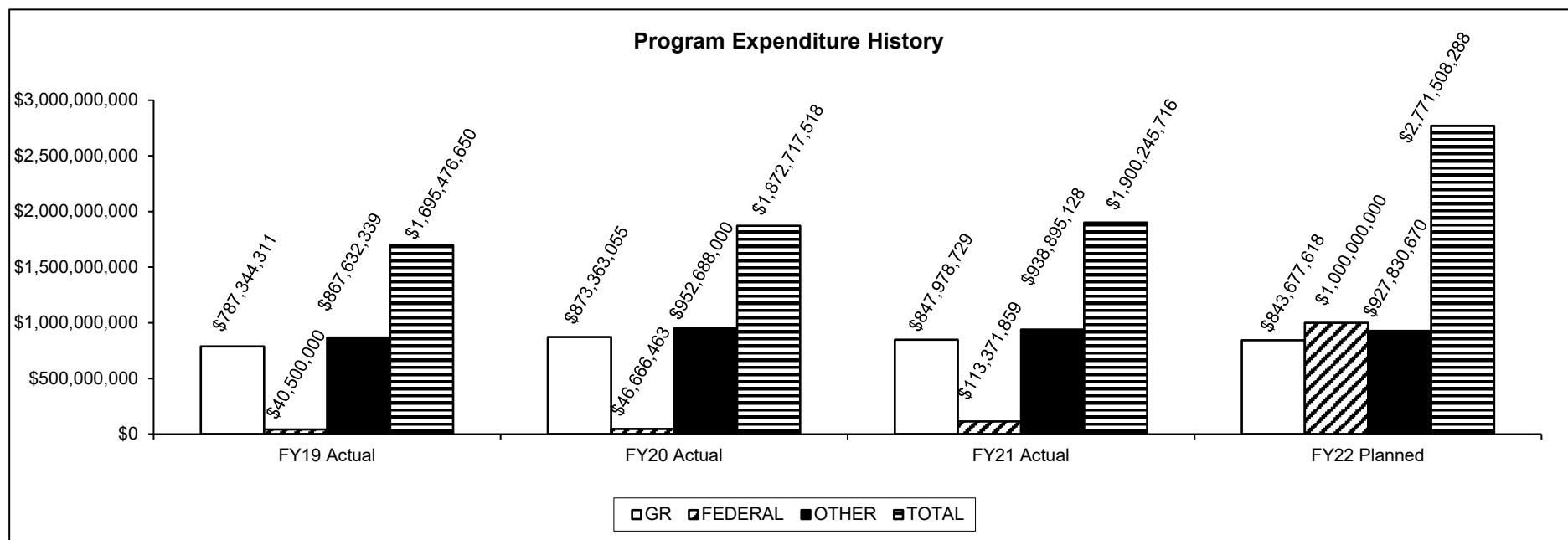
Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

HB Section(s):

11.702, 11.850, 11.860, 11.865, 11.870,
11.875, 11.880, 11.885, 11.890, 11.895, 11.900

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Pharmacy Reimbursement Allowance Fund (0144), Ambulance Service Reimbursement Allowance Fund (0958), DSS Intergovernmental Transfer Fund (0139), Federal Reimbursement Allowance Fund (0142), and Nursing Facility Reimbursement Allowance Fund (0196).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 198.418.1, 208.152, and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.